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THE MEANING OF PSYCHO-ANALYSIS

A FRANK, SIMPLE, AND AUTHORITATIVE INTERPRETATION OF THE SEX BASIS OF HUMAN BEHAVIOR, WITH REVEALING CASE HISTORIES

MARTIN W. PECK, M.D.

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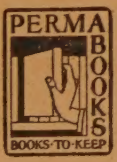
THE MEANING OF PSYCHOANALYSIS

MARTIN W. PECK, M.D.

THE MEANING OF PSYCHOANALYSIS

WITH AN INTRODUCTION BY

BERNARD GLUECK, M.D.



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TO SIGMUND FREUD

Foremost emancipator of mankind
from the hidden tyrannies of mind

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Preface

For a number of years I gave a brief course of lectures on psychoanalysis as part of an elective course in psychiatry at the Harvard Medical School. The present book is an outgrowth of that experience and an expansion of the material there first presented. It was found that most of the students who attended these lectures were in some degree informed on the subject and many had read widely, but rarely did an individual have a well-organized grasp of the theory of psychoanalysis and its application to the treatment of nervous illness. Long-distance acquaintance and partial knowledge must be still more the rule with educated people outside the medical fold, although, as a matter of fact, the doctrine of psychoanalysis is so far removed from what is contained in the ordinary medical curriculum that in relation to it medical student and general public are lay brothers together.

Any presentation which attempts to be systematic and comprehensive and at the same time popular enough to be grasped by a wide circle of readers must sacrifice much in scientific accuracy, and gain lucidity at the

expense of completeness. The science of psychoanalysis is new, complex, and changing, and for the most part its leaders have confined themselves to a less general audience than it is hoped will be reached by this volume. The purpose here is one of elucidation rather than argument. It is not the intention and little will be found in these pages to convince the sceptic or to prove to anyone the basic contentions of the science. I have attempted, however, to set forth with sufficient clarity the main structure of the theory of psychoanalysis and its application in treatment. Nothing new has been added to the subject by this book. It is my hope and belief that there is nothing in it which misinterprets accepted principles. The presentation of case histories in the last four chapters has been the most difficult and is the least satisfactory part of the work I am consoled by the thought that there is no obligation to read this portion, and it is not essential for an understanding of the theoretical section which precedes.

Parts of this material have appeared in various journals, the *New England Medical and Surgical, Mental Hygiene*, the *Psychoanalytic Review*, and *Occupational Therapy and Rehabilitation*. Acknowledgment is given for permission by them to republish. I wish to make appreciative comment on the encouragement given by Professor C. Macfie Campbell of the department of psychiatry at Harvard University to presentation by members of his staff of any established doctrine, whether or not he fully subscribes to it himself. To Dr. Isador Coriat I am indebted for service in reading

the theoretical portion of this work and making many valuable suggestions.

The attempt has been made in these pages to keep technical terms at a minimum but it was necessary to use a number that are new and unfamiliar. A brief glossary of these words will be found at the end. The explanations are taken from a small manual, the "Psychiatric Word Book" prepared by Dr. Richard H. Hutchings.

For a combination of reasons it has seemed unwise to include a bibliography on psychoanalysis. To any who may be led by reading this book to an interest in source literature I suggest as a beginning Freud's *Introductory Lectures in Psychoanalysis*, and *The Problem of Lay-Analyses* by the same author.

M. W. P.

Boston, Mass.

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Introduction

Three phases may be distinguished in the history of the American reader's acquaintance with the subject-matter of psychoanalysis. The earliest sources were almost entirely confined to translations of Freud's original contributions and of those of his immediate associates. During this period the American reader owes a special debt to the untiring efforts of Dr. A. A. Brill, who did most of these translations and struggled untiringly with the task of practically having to invent a vocabulary that would meet the requirements of this new and complex contribution. There then followed a very regrettable period during which the widespread responsiveness to this new and challenging manner of understanding and dealing with human conduct and human relations led to a very unfortunate popularization of the subject-matter through journalistic and uncritical channels. A veritable flood of books appeared which reflected for the most part neither an accurate understanding of the subject-matter nor even an honest effort to gain such an understanding. Every facile pen, it seemed, became energized by

the fascination which the subject-matter of psychoanalysis is capable of inducing. Such differences of opinion as naturally developed in the course of time between Freud and some of his immediate associates were pounced upon by these facile exploiters of points of friction in human relations, so that eventually a cheap and contentious propaganda for the promotion, now of this, now of that so-called "school" of psychoanalysis furnished new opportunities for feeding a jaded American public with texts on psychoanalysis.

In the meantime all this popular preoccupation with the extravagancies of psychoanalysis had nothing to do with the patient and untiring labours of Freud and a growing group of earnest students whose laboriously achieved contributions were reflected in special journals devoted to psychoanalysis and now and then in the less specialized medical literature.

The traditional conservatism of the medical profession, with its extremely cautious attitude towards this new and in some ways truly revolutionary psychology, undoubtedly helped to encourage the flood of popular literature on psychoanalysis and found in its turn a justification for its aloofness in the extravagant and misleading and incorrect statements in which this literature abounded.

It should be counted to the everlasting credit of a relatively small group of American physicians, with whom the present writer is proud to have been associated, that the popular misconception and misinterpretation of the field in which they were labouring, on the one hand, and the unreasoning antagonism of

the majority of their own profession, on the other, failed to discourage them from the pursuit of an honest and earnest application of the facts and principles of psychoanalytic psychology to the understanding and amelioration of mental illness and personality maladjustment. It is this more than anything else that accounts for the steadily increasing number of well-trained graduates in medicine with a good background in neurology and psychiatry who are joining the ranks of psychoanalysts.

This movement is contemporaneous with the radical change which is to be discerned in the character of psychoanalytic literature in this country. The present book is one of the first among several contributions which reflect an attempt at a well-organized and dependable statement of the subject-matter of psychoanalysis. Dr. Peck has succeeded exceedingly well in his undertaking. The book, being the outgrowth of lectures delivered to Harvard medical students, has retained the clarity and precision and logical sequence of presentation so essential for teaching-purposes. It is accurate in reflecting the nature, origin, and course of development of psychoanalytic psychology as it relates to its clinical application and is written with a clarity of style which should make the book very attractive indeed to anyone who seeks a first orientation in this field. The clinical histories, while complete enough to give an adequate description of the nature of the problem and of the method employed in its definition and management, are happily free from a

too detailed elaboration, which might be confusing for the average reader.

The author has wisely abstained from an attempt to discuss to any extent the non-medical but none the less extremely important applications of psychoanalysis. It is essentially a text for the earnest seeker for an introductory view of this difficult and complex discipline. It should therefore be exceptionally useful, first of all, to medical students, but the progressive social worker and teacher will find in it also a very helpful and accurate statement which might serve as a very desirable antidote to some of the literature on the subject that may have confused them in the past.

The present writer is very happy indeed to have had the privilege of identifying himself with Dr. Peck's effort to the extent of contributing these few remarks expressive of a sincere wish for its complete success.

BERNARD GLUECK, M.D.

THE MEANING OF PSYCHOANALYSIS

Some in high places have contended that mind implies consciousness, and therefore an unconscious mind is a contradiction of terms, a thesis which of course begs the question and prohibits discussion. On the whole, the array of opposition, formidable at first, has progressively decreased. To avoid unnecessary dispute and tedious exposition, one may accept the concept of an unconscious mental life as a working hypothesis constructed for a legitimate purpose analogous to certain chemical theories and the newer hypotheses in physics. Like them this hypothesis is justified by its plausibility and its usefulness in contributing to a deeper understanding of the human psyche. As a matter of fact, some satisfactory proof for the existence of unconscious mentation is not lacking. Certain psychological experiments—in particular those connected with post-hypnotic suggestion—have an objective accuracy, and in that respect contrast with other of the tenets of psychoanalysis which quite frankly are beyond the reach of proof or disproof.

Psychoanalysis, then, is a psychology of the unconscious mind. This implies no exclusion or disparagement of consciousness, but is simply a natural consequence of the assumption that much of the most important mental life is unconscious. Of the total mind so conceived, only a thin upper layer, figuratively speaking, rises into the light of consciousness, while the main substance and mass lies quite beyond the reach of self-awareness or ordinary introspection. To understand the human mind by the study of consciousness alone resembles an attempt to learn the structure and

content of the ocean depths by examination of the surface waters.

A concept of the unconscious demands something more than a wide extension of what is ordinarily thought of as mind. It necessitates a complete and revolutionary change in point of view about mental functioning in general. Before the days of psychoanalysis most men naïvely assumed that if the need arose and they chose to give time and effort enough to the task, they could fathom their own minds, understand their motives, and, if what they found did not please, change themselves by the use of reason and will. To that state of complacency the new insight into the processes of unconscious mentality has dealt a stunning blow. It must now be admitted, however reluctantly, that no one can understand himself in any deep way by taking thought, nor by any amount of self-directed logic or effort can he modify to an appreciable extent the main tendencies of his mind.

The explanation for this helplessness of conscious thinking in the attempt directly to reach the realm of the unconscious is not difficult to grasp. So-called intellect—that is, the logical thought-processes of mind—are those most available and more nearly under control in consciousness. The gradual freeing of intellect from personal prejudice and bias has made possible the development of the objective realities of natural science. It is by the use of the intellect that the mind of man has been able to gain understanding of the external world and progressively harness it for the satisfaction of human needs. The world of the unconscious mental self,

on the other hand, has little connexion with logical thought except as the latter may be swayed by unconscious instinctual processes. It is in small degree guided or moved by the intellect and is quite immune to direct exploration by such agency. It is, in contrast, activated by primitive human impulse, controlled by feeling values wholly unrelated to intellect, and much less capable of being understood, measured, or directed. Thus, according to the doctrine of psychoanalysis, the psychological home of impulse and feeling is in the unconscious. It would be very wrong, however, to assume that only the primitive and the elementary here reside. In this same region are gradually built up the foundations for the ethical standards which act as inner monitor and guide and are the basis of conscience. In the unconscious mind, then, are located reservoirs of emotion; here lie the roots and sources of passion and prejudice; here in an equal sense rests the basic structure of principle and ideal. Between this inner self of impulse and emotion and the outside world is located consciousness, in some respects, so to speak, a buffer state separating the instinctive and less socialized tendencies of man from too immediate contact with the realm of stern reality to whose sovereignty those tendencies must conform. In the lower animals most of these adjustments are made by instinct alone, with the result of rigid uniformity in reaction. Man, on the other hand, is less bound to pattern and has wide latitude of response. For him consciousness in considerable measure takes the place of instinct. Consciousness tests out the external world and senses its possibilities and demands. In

this service, language is available and, with it, logical thinking with its capacity for precision. The highly perfected machinery of consciousness is serviceable mainly for use in relation to the outer universe of people and things. The power and energy which activate it come from the region of the unconscious, and the individual is borne forward somewhat helplessly on waves of feeling, mood and need, which for better or for worse urge him outward and forward to a place in the life of the world.

Unconscious mental activity is governed, then, by entirely different laws from those applying to consciousness. Some of these laws are as follows:

a. There is no time relation in the unconscious, and entirely other considerations determine cause and effect. For example, psychic situations of the past which could have no basis in reality except during the period of childhood may, under certain conditions, be carried over to later life and as strongly influence the attitude or conduct of the grown man as though he were still confronted by the actual problem of long ago. Simple examples of this are on every hand. A woman of forty felt a wave of loneliness and sadness whenever the closing of a door separated her from another person, even when little apparent significance was attached to the parting. She recalled her early childhood when, after her mother's death, a governess took charge of a younger brother and herself. The brother, who was in poor health, was the object of the substitute mother's special care and affection. Each night the door of the girl's bedroom was closed by the governess as she re-

tired to an adjacent apartment, which was shared with the brother. There was a vivid recollection of the timidity and longing felt by the little girl when she was left alone. In this woman's adult reactions could be recognized something more than mere association of ideas in memory. The unsatisfied craving for the maternal love which she had lacked as a child remained with her as a persistent need and, although quite unsatisfiable in an adult world, still coloured all her relationships with people. Her reaction to the closed-door situation gave dramatic expression in a trivial setting to this childish longing.

b. In the unconscious, phantasy is indistinguishable from reality. Impulses, wishes, fears, and so on are reacted to as though already translated into action. In other words, to the unconscious mind the potential attitude or deed is equivalent to the actual one. To illustrate may be mentioned the man who consciously has the desire to do injury to a near relative or friend. Concerning this hostile wish he may feel some humiliation and self-disapproval, but he knows how to control himself and it does not unduly upset him. A similar desire acting unconsciously may cause an emotional reaction of terror, guilt, and remorse, as though the act were really accomplished.

c. There is no such thing as consistency in the unconscious. Entirely contradictory and opposing attitudes can exist side by side without in any way modifying or diminishing each other. This is best seen in human relationships and is well exemplified by the love-hate, so-called ambivalent feeling of many neurotics towards

their intimates. Shakespeare caused Brutus to say concerning Cæsar: "As Cæsar loved me, I weep for him; as he was fortunate, I rejoice at it; as he was valiant, I honour him: but, as he was ambitious, I slew him." Such a division of sentiment in consciousness must be somewhat artificial. It is a necessity to have but one of these attitudes at a time. Some sort of unity is demanded, however momentary and changing. In the unconscious, however, no such rule applies, and there is no contradiction when desires exist at the same moment which are incompatible and mutually exclusive. Therefore, in the unconscious, at least, it is true that one can honour, love, hate and murder Cæsar simultaneously.

d. Finally, in the unconscious the symbolic competes with the actual and is interchangeable with it in a way which is normally quite foreign to the conscious mind. The significance of the closed door already mentioned will once more illustrate. Consciousness repudiated any important meaning. The unconscious, on the other hand, responded as though the childish experience was being repeated.

These and other special characteristics of the unconscious create an "Alice in Wonderland" inner universe, seemingly illogical, irrational, and fantastic, which, in health, by some kind of integration all its own, furnishes a sound basis for the structure of personality; but when in disorder may, as it were, erupt to the surface in the form of peculiarities of temperament, odd moods, nervous symptoms, and so on, which seem so strange, when viewed without knowledge of their origin, that they may bewilder the subject equally with his friends.

It is difficult fully to realize the ultimate effect on our culture that may follow the recognition of an unconscious mind with the forces and influences which are operative within it. From the beginning of abstract thought, man has vainly attempted to understand himself and his neighbours by use of the data which consciousness could furnish. Through the development of a special technique for the investigation of mind, psychoanalysis has found a way to penetrate to the uncharted depths beneath the surface of consciousness. That findings are often vague and uncertain changes in no whit the enormous significance of this extension of knowledge. A completely new method of approach to problems of thought and behaviour is made available. Things of the mental life hitherto utterly obscure become increasingly clear and understandable. There is small wonder, perhaps, that certain disciples of the new psychology see visions of a new era in the direction of human progress.

The possibilities arising from the application of the psychology of the unconscious are limitless. In early periods, as man slowly struggled towards an appreciation of the world about him, he saw behind the manifestations of nature the directed will of capricious gods. A little knowledge of the physical universe spelled the downfall of the gods, and soon, when the thundercloud appeared, it was recognized as the product of natural forces rather than an expression of the wrath of Jove. Civilized man has reached the place where he reluctantly accepts any limit to his understanding and mastery of the external world, but if forced to turn

towards himself, he still stands baffled by the mysteries of his own motives and ideals and is little aware of the inner forces which move him. In dealing with the outer world the powers of intellect have developed into tools of scientific precision. It may well be true that psychoanalysis marks a first step in turning these same tools towards the exploration and understanding of that inner world of the human mind, till now only left to the realm of mystery or grasped by a type of revelation less and less convincing to the modern temper.

Let us apply the psychoanalytic method to a concrete situation permitting, for the purpose of simplicity, a somewhat free hand. For the experiment we may select an individual who on political and social matters is a die-hard reactionary, prepared to defend his position. We will introduce him for formal discussion to another individual who in the same fields is an equally uncompromising radical with a passion for argument. The result in the form of a vigorous wordy battle is predictable with considerable accuracy. The reactionary will propound his own view-points and denounce his opponent. The radical will lay down the law as he sees things and heap opprobrium on his adversary. Each is anathema to the other. At the end of the debate neither has been in the slightest degree influenced and has listened to his antagonist only sufficiently to gather ammunition for himself. Towards any acceptance of new ideas his mind is completely closed. All that has been accomplished is that each man has further strengthened opinions already of granite-like consist-

ency. The impartial spectator, if we may stretch fancy to create such a one, listens to the views expounded with such conviction, weighs them somewhat at their face value, and finds himself more bewildered than before. He may recognize some obvious influences at work. The one man perhaps has financial or other interest in established industry, the other is foot-loose with nothing to lose, but these things alone do not explain the vigour and intensity of their feelings. To aid in understanding let us make use of some of the principles of psychoanalytic thought which can be applied to the participants in the recent verbal unpleasantness. Immediately a flood of light is directed into hitherto dark places, and a new valuation of the whole subject becomes possible. It is found that the two men in their argument and disagreement were only in part dealing impartially with questions of principle and expediency, but were expressing through the medium of political and social matters their own personal bias. This bias was determined by the life experience and various influences of the past, resulting in the needs and strivings, fears and hopes which are the motive forces of the present. In other words, their differences were determined more by emotional factors within themselves than by any merits of the questions immediately at issue. These men at heart would be equally far apart on other things even if there happened to be no actual questions of the hour on which they could disagree. Their opposite points of view have an unconscious basis of which they are totally unaware. These views have been "rationalized" by bringing to their support

reasons which have some measure of validity and can therefore satisfy consciousness, but which are nevertheless mainly screens which conceal the real issues involved.

Continuing the second stage of the experiment, let us take the radical to pieces psychologically and find out how he is made. We discover that this belligerent individual, however brilliant in intellect, is struggling emotionally in an adolescent world. In his psychic structure he has failed to throw off the bonds of authority which are the lot of the child, but from which the adult must be emancipated if he is to become a free and independent personality. Put in another manner, the radical is still the child, fighting his way to independence and self-determination from the bondage of family authority which would tend to keep him in a state of childish subjection. He has long ago broken away from the actual family; his parents may be dead or living far away, but still within himself he struggles against the domination of authority as though still a boy in revolt against a stern father. In place of actual persons to whom he is bound in a personal sense are substituted State, Church, conventions, established ideas, and so on—all of which appear to him as something dangerous to his freedom and to be treated as enemies.

But let not the reactionary exult prematurely at any seeming discomfiture of his opponent. By the demands of the experiment it is now his turn to be psychologically dissected. It is found that he, too, has never completely grown up and has thus failed to achieve

that maturity of personality which gives a capacity for independent thinking. He must lean on something solid and familiar and in consequence ties himself hard and fast to the tradition and authority of the past. He resembles his antagonist in that he is still the child who sees in the established order the mighty father, but his reaction is quite the opposite. Instead of defying that authority he accepts it in return for the security of mind which such acceptance guarantees, and as a corollary any questioning or doubt for him spells heresy and brings fear and uncertainty. Less wonder, then, that for other reasons than to protect his stock dividends the reactionary fights for the *status quo*. To admit any defect loosens the foundations of his rigid philosophy of life, based on authority, and threatens to bring the whole structure tumbling about his ears.

Both reactionary and radical are controlled by unresolved attitudes towards the dominating and disciplinary influences of the childhood past from which they have never been able to free themselves. The one is governed by fear and clings to this bulwark of support for protection from dangers which lie mainly within himself. The other is moved by hate and defiance, and fights stubbornly against a subjecton which has no reality except as he lives over again the unfinished struggles for independence incident to childhood relationships, which deep in his unconscious maintain an unabated vitality.

Such an explanation of the motives determining these different view-points is much over-simplified, and it is not necessary to take it too seriously, although there is

probability that it contains more than a modicum of truth. The point at issue for the moment is not so much the accuracy of findings in this particular study as the purpose behind it and the methods employed. Psychoanalytic principles and technique of investigation for the first time open the doors to what is going on below the surface in the human mind. Granted that in the experiment used for illustration the deep-lying motives are as outlined, or somewhat or even remotely akin, then immediately the whole approach to the problem is changed. If there is desire to understand or modify the views or influence of one or the other of the groups represented, it is clear that of more use than argument or denunciation will be to make plain to the individual and the world the childlike fear and antagonism which are the basis for the extreme opinions. Then indeed the scope of consideration will be moved to the plane where it belongs, from shadow towards substance, from smoke towards fire. In so far as this is accomplished will there result the possibility of more intelligent appraisal and effective influence.

In such manner as exemplified above the search-light of psychoanalysis is being turned slowly from one sphere of human interest to another. The study of the mental life of the individual is the main concern from the standpoint of medical psychology. As a development from this primary approach more general problems have been reached and history, art, mythology, religion, and so on are given a more clear revealing. But the average man does not find that such social questions, viewed in the large, touch him very closely. The matter

of nervousness in some of its aspects is apt to be of more immediate and vital concern. It is to a discussion of the bearing of psychoanalysis on this problem of everyday interest that the subsequent chapters of this book will be mainly directed.

CHAPTER II

Sigmund Freud and the History of Psychoanalysis

In outlining the history and development of psychoanalysis from its beginnings to the present day, there is no better method than to review the life of Sigmund Freud, the founder and still the leader of the psychoanalytic school. Whatever fate the future may hold for psychoanalytic doctrine, as now understood and accepted by its followers, there is little doubt that Freud has gained a foremost place among the great world figures in psychological science. This sentiment is voiced by Professor William McDougall with all the greater emphasis for his being in many respects a stern critic of the new psychology. Professor McDougall says: "I believe that Freud has done more for the advancement of psychology than any student since Aristotle."[1]

It is rare for any leader in human thought to reveal himself in his writings so completely as has Freud. Psychoanalysis in its various phases has been his constant preoccupation for the last forty years. The nature of it makes, at least in the early stages, for a peculiar involvement with the lives of its exponents. For the first decade

[1] *Outline of Abnormal Psychology* (1926), Preface, page vii.

Freud worked wholly alone, and the story of psychoanalysis during that period is the story of Freud himself.[1] It would be incorrect to consider that all the novel and revolutionary principles of psychoanalysis originated in the brain of Freud. As is usually true concerning what appears to be new, most of these principles have been touched upon in one way or another before, and no one is more careful than Freud to give credit to other sources, or more ready to resign priority. What he did do was to gather together certain selected truths and isolated observations, to form a usable structure which made possible the penetration of the hitherto hidden regions of the human mind. By tireless and painstaking endeavour he gave life to dead germs of psychological fact in a way that has led to an amazing growth and fruitfulness. There seems good reason to agree with those who see exemplified in his work, with few parallels in the history of psychology and medicine, the operation of creative genius.

Sigmund Freud was born in 1856 of Jewish parentage. In his early years the family moved to Vienna, which has been permanently his home and the field of his labours. Although in limited circumstances, the father supported the son's desire for an education and wished him to make his own choice of a profession. Freud disclaims as a youth or later any particular predilection for the career of a physician. "I was moved," he

[1]Among many contributions, the ones giving the most frank revelations of Freud's life and character are: *Interpretation of Dreams* (1900); *On the History of the Psychoanalytic Movement* (1914), English translation in *Collected Papers*, Vol. I; *An Autobiographical Study* (1925), English translation included in a volume entitled *The Problem of Lay-Analyses*.

says, "rather by a sort of curiosity, which was, however, directed more towards human concerns than by human objects."[1] Entering the university at the age of seventeen, he met for the first time the full force of the prejudice felt toward the Jews. This affected him strongly and he was not disposed to accept it with meekness. As to the influence of this discrimination he comments:

> These first impressions at the University had one consequence which was afterwards to prove important; for at an early age I was made familiar with the fate of being in the opposition and of being put under the ban of a "compact majority." The foundations were thus laid for a certain degree of independence of judgment.[2]

For a number of years preceding a somewhat tardy graduation in medicine, the young student devoted his best energies to investigations in problems of physiology and anatomy of the nervous system in the lower animals. In this field he achieved some measure of distinction and displayed the qualities of the patient and persistent research worker. Notwithstanding the superstructure of hypothesis and speculation which consideration of the human mind invites, these same characteristics have been retained in surprising degree in the basic studies of his later work in psychology. Referring to that period of early interests, he says:

> I was now developing an inclination to concentrate my work upon a single subject or problem. This inclination has

[1] *An Autobiographical Study*, page 191.

[2] Ibid., page 192.

persisted and has since led to my being accused of one-sidedness.[1]

Freud well might have remained for all time a physiologist and anatomist, sheltered from the world of human beings by the walls of a laboratory, if practical considerations of earning a livelihood had not turned him towards the actual practice of medicine. In this new clinical field his interests turned quite naturally to diseases of that nervous system which had been the subject of his laboratory studies. Here again his first concern was with the organic disorders, and he gained some reputation as a diagnostician. He was now, in his middle twenties, a junior physician in a large general hospital. He states:

> The fame of my diagnoses and their post-mortem confirmation brought me an influx of American physicians, to whom I lectured on the patients in my department in a sort of pidgin English. I understood nothing about the neuroses. On one occasion I introduced to my audience a neurotic suffering from persistent headache as a case of chronic localized meningitis; they quite rightly rose in revolt against me, and my premature activities as a teacher came to an end. By way of excuse I may add that this happened at a time when greater authorities than myself in Vienna were in the habit of diagnosing neurasthenia as cerebral tumour.[2]

Shortly after this experience as a lecturer, Freud in consideration of publications of merit was awarded a travelling scholarship of considerable value and jour-

[1] *An Autobiographical Study*, page 195.

[2] Ibid., page 197.

neyed to Paris. At the Salpètrière the name of Charcot was a beacon-light to all student travellers in the realm of nervous disease. Charcot, by the weight of his authority and prestige, had forced a reluctant and disbelieving medical world to accept the fact that the familiar symptoms of hysteria were due to mental and not physical causes. He had proved the genuineness of hysterical phenomena, showed that they existed in men as well as women, and had demonstrated that hysterical symptoms could be both removed and produced by hypnotic suggestion.

After a period in Paris and Berlin clinics Freud settled in Vienna in 1886, to practise medicine as a specialist in nervous diseases. He was now married, and soon a growing family demanded a lucrative income. In his practice he had the common experience of neurologists in finding that the major part of his clientele was made up of people suffering from hysteria and other neuroses, and learning in organic neurology availed no whit to bring relief. He had gained the principles of hypnotism at the Salpètrière, supplemented by later work with Bernheim at Nancy. This method, together with physiotherapy, made up his main resources in the treatment of functional nervous conditions. Both methods proved unreliable and inadequate in helping many of these nervous patients, a serious matter in a double sense to one who must make his living by treating them. At the same time Freud's curious and scientifically trained mind was challenged by the complete obscurity surrounding the nature and origin of the neuroses. Charcot, his pupil Janet, and others had done much in

both accurate description and the formulation of descriptive hypotheses, but little beyond a few vague theories and old wives' tales had ever been offered to explain causes without which no real understanding could be possible.

Having always in mind this matter of causation, Freud from the start made use of hypnotism in a two-fold way: first, to remove symptoms by suggestion, and, secondly, to gain from the patient some statement as to the origin of these symptoms, which in the waking state could be described only imperfectly or not at all. He felt that this procedure was justified, if for no other purpose than to satisfy his own curiosity about the development of symptoms which he was endeavouring to remove. This use of hypnosis as a means for exploration of the patient's mind Freud ascribed to the example of Dr. Joseph Breuer, a leading family physician of Vienna, who had told his younger colleague some years before of a stubborn case of hysteria in which this method had been used, based on a chance observation, and was a factor contributory to a brilliant cure. Breuer's patient was a young girl of superior intelligence, who had become ill after a long period devoted to the nursing of her invalid father. Her symptoms of emotionalism, paralysis, pains, and so on had no meaning to her in the waking state, but under deep hypnosis she was able in a hallucinatory way to connect each one of them with some incident or group of incidents which had occurred while she was attending the sick father. The incidents were occasion for strong emotion which had to be suppressed at the time, and the symp-

toms appeared to be some sort of substitute expression.

Armed with this information, Breuer was able to help the girl live through these experiences again in retrospect and give expression to the painful emotions attached to them in a more direct way. By going through this process painstakingly and repeatedly, the symptoms one by one disappeared. The patient good-naturedly referred to this process as "chimney-sweeping" and the "talking cure." Burdened with the duties of a diversified practice, Breuer had not pursued the matter further at the time and was in small degree aware of the importance of his observations.

Freud's new field of work brought a fresh interest in the account of Breuer's case as it had been given to him originally. He began to apply the same procedure with his own patients and was able to verify the results in a number of cases. He persuaded Breuer to collaborate with him in further investigations, and in 1895 the two published jointly *Studies in Hysteria*, which gave the results of their findings. In this monograph a group of cases were outlined, including the original one of Breuer's, to demonstrate that certain hysterical symptoms were the result of vivid and disturbing experiences highly charged with emotion which had occurred long before and been completely forgotten. This forgetting was felt by the authors to be a purposeful one, established in order to protect the individual from the mental distress of conscious realization. They were able to show that if the memories could be brought back to consciousness, and the painful emotions dispelled by actual discharge (in tears, anger, vituperation, or what

not), while at the same time by talk with the physician new points of view were gained, then the symptoms would disappear for good.

The direct emotional discharge brought about during treatment was termed "abreaction." Later on, Freud gave the name "repression" to the process of purposeful forgetting. In their first publication it was asserted that the hysterical patient "suffered from reminiscences," that each painful suppressed memory remained in the dark recesses of the mind, acting there as a psychological "foreign body," and that the symptom was a disguised and substitute expression of the persistent mental irritation of this foreign body. In the production of the symptom the transformation of psychic energy from an emotional state to a physical disturbance was called "conversion." Based on these theories, the object of treatment was to bring the hidden psychic foreign bodies to consciousness and rid them, in one way or another, of their capacity for injury. This process was designated "catharsis." It was hoped at the time that the cathartic method would fill the need for a new therapy in the neuroses. Although it soon proved not to be the panacea that at first it seemed, in the sense that catharsis was the forerunner of psychoanalysis, the high hopes held out for it were in part fulfilled.

While the original observations just outlined were sound and could be generalized within certain limits as a basis for nervous symptoms, the ingenious theory built up upon them proved altogether too simple and was found to apply only to a few uncomplicated types of disorder, where symptoms were indeed literally

substitute expressions for the hidden memory of "traumatic" experiences. From this relatively simple beginning, however, has been constructed the whole superstructure of psychoanalytic theory and practice, with all its many ramifications in medicine and other fields. Launched in this investigation of the unconscious mind, by the work in collaboration with Breuer, Freud went on independently and studied intensively a number of patients. Rapid developments occurred, with resulting modifications of technique and theory. The method of hypnosis was found in various ways unsatisfactory. For one reason, many people could be put in the hypnotic state only with difficulty or not at all. Influenced by a statement of Bernheim that memories available under hypnosis could also be brought back in the waking state if sufficient effort were made, Freud tried the second method and found it equally successful. The procedure was carried out in a setting similar to that used in hypnosis, with the patient on a couch, and the physician pressing his hand to the subject's forehead. With repeated reassurance and insistence it was gradually possible to bring back repressed material and effectively connect up symptoms with the chains of psychological happenings which had produced them. This method had the advantage that patient as well as physician was conscious of all that was going on, and could more intelligently profit thereby. While working with this method of benevolent compulsion in bringing to life repressed memories, Freud became aware that some substantial obstacle was interposed, and that he was struggling against a strong force in the patient's

mind which opposed recollection. This opposition appeared to be scarcely less vigorous when the patient gave full conscious co-operation. Freud designated this force of opposition "resistance," saw that it operated unconsciously, and felt that it was in some way of the same nature and equivalent in degree to the factors that produced the original repression. As a result of this observation, efforts in treatment came to be more and more directed towards a removal of resistances, rather than to a search for causes. "Overcoming of resistances" then became a central point of the therapeutic process, and in a less narrow and limited form remains so to this day.

The forceful method of mental exploration and the resulting modification of content above described were exhausting to both parties and had other drawbacks, so that new means were sought which could accomplish the same purpose. By a combination of chance experiment and theoretical formulation Freud found that what he called "free association" furnished a means of investigation of the subject's mind, which had fewer disadvantages and arrived at the same goal as the other. Free association called for passivity on the part of both operator and subject, in contrast to the unnecessary struggle of wills often present in the previous method. The subject was directed to let his mental processes go on with as little conscious direction as possible and to tell everything which passed through his mind, no matter whether it seemed of any importance, or whether it was trivial, irrelevant, unpleasant, or disconnected. This plan, which of course depended on

the patient's complete co-operation, was found to lead finally, by some unconscious threads of connexion, to the roots of origin of the special difficulties. To this development and modification of the old cathartic method the name "psychoanalysis" was given.

With this improved technique it was found that the trail to the source of nervous symptoms penetrated ever deeper into the unconscious and further back in the life-history of the individual, until it appeared that into the fabric of a fully developed neurosis were woven all the threads which make up the whole structure of the personality. During the step-by-step development of method to which Freud was now devoting his whole time and effort, another discovery was made which has proved to be the villain in the piece and the "stormy petrel" of psychoanalysis, around which both in medical and non-medical circles the high tides of controversy have ebbed and flowed. This discovery and resulting theory concerned the part played by the sexual impulses in the neuroses, and the place of the sexual motive in life in general. These results were based on no *a priori* assumption on the part of the investigator. On the contrary, in the earlier observations the sexual life of the patients had not seemed of special importance. Breuer had even commented on the unusual absence of sexual interests and tendencies in his original patient. It appeared, however, as Freud's study progressed, that not all types of mental difficulties were equally transferable into symptoms, but it was chiefly those which had some concern with the sexual function, varying from matters of current conflict

in that field to the ruminations, experiments, and phantasies of early childhood. These findings both amazed and impressed this pioneer investigator. He began to pay more attention to matters of sex, and felt that there was revealed to him a new world lying clearly before the eyes of those who chose to open them and see, the most astonishing fact being that it had so far remained undiscovered. Freud observed that he felt he "belonged to those who had disturbed the sleep of the world."

The sexual theory of neurosis evolved by Freud from these studies led inevitably to the construction of a normal psychology in which the sexual motive played a dominant role. This emphasis on the sexual side of life has been the source of more misunderstanding, more chaos and confusion of mind, more violent denunciation and acrimonious debate than all the other matter of psychoanalysis combined. Too often seen out of perspective, it blots out everything else, as the finger held close before the eye obscures the sun. Casual and superficial students go no further than to find in psychoanalytic psychology only an elaborate sexology. The association of sex with psychoanalysis has been a lure for the prurient, while to the prudish it has seemed a fire-spitting dragon. The advocates of sexual license strive, and in vain, to find through it a justification for self-indulgent living. Those consecrated to a rigid Puritan morality lay erroneously at its doors the present-day liberalism in sexual thought and behaviour. In scientific circles it has been responsible for some of the more serious differences in the ranks

of the psychoanalysts themselves. Through all the storm Freud has remained steadfast and unshaken, holding to the conclusions to which clinical observations have led him and to the more general theories which seem to him the necessary and logical developments from them. He has changed his own views in certain respects frequently and willingly, but only on the basis of evidence which was convincing or new theories which explained facts better than the older ones. Never has he conciliated or compromised under pressure of criticism or to appease prejudice.

The sexual theories of psychoanalysis will be discussed more in detail in another chapter. Suffice it to say here that, in a broad philosophical sense, Freud sees in procreation and the resulting perpetuation of the species the fundamental aim of animal organisms, including man. To ensure this purpose instinctive energy is concentrated to an enormous degree in the sexual function, all other functions being secondary and contributory. In human kind the psychic values of civilization and culture, developed through the ages, interpose barriers across the path of the sexual instincts which otherwise strive towards the purely primitive, biological goal. Blocked to a considerable degree in direct outlet, the energy of these instincts becomes available through *sublimation* and *substitution*, for attitudes and activities on a more complex level, with the resulting growth of the social, moral, and spiritual qualities which set man apart from the lower animals in a kingdom of his own. Put in other words, in man a large part of procreative energy is transposed

into a wider creative energy. These new resources give the capacity for constructing a civilization which, in turn, still further checks and diverts the more elementary "animal" instincts. Thus in slow process goes on the gradual evolution of the primitive man from the distant past towards the superman of the still more distant future.

Looked at in this general way, Freud's contention must be true. Some of the simplest organisms die in reproduction, their purpose in life accomplished. All along the scale of animal life, less obvious only in degree, is reproduction the aim of major and irresistible forces. In man the whole physical development, from embryo to maturity, gives central importance to the reproductive function. It is only in the rich and elaborate psychic life of human beings—the superstructure, so to speak—that this fundamental principle of sexual instinct, diverted and diffused in this realm into new channels, has been lost sight of, to be, in a sense, rediscovered by Freud. But except in the medical and psychological world Freud holds no priority for this discovery. The poets of all the world and of all ages have preached this doctrine from the housetops. At the other extreme, in modern times, the basic biological sciences tacitly accept the same views, but are too far divorced from the real life of the ordinary man to have much meaning or connexion with everyday matters.

All this novel theory means a widespread and startling extension of the concept of sexuality. Tracing back the roots of instinctive disturbances responsible for the neuroses further and further into childhood, Freud formulated the doctrine of infantile sexuality.

The "sexuality" of this period concerns the body functions and mental attitudes of the young child, before much in the nature of genital activity can be in evidence, and deals with the so-called component instincts —the prototypes and prodromals of later sexuality, as the term is used in the ordinary sense. Briefly, Freud found that the sexual function in very early years was fused and merged with many body functions, such as those of the mouth, rectum, and others, which for a time take first place for pleasure and interest on the part of the child, and only through a long and complicated process of development reach what is accepted as the normal sexual make-up of the adult. This phase of so-called pregenital sexuality appears to be of enormous significance in relation to later character anomalies, neuroses, and sex perversions. This extension of the concept of sexuality may be summed up in Freud's own words:

> That extension is of a twofold kind. In the first place, sexuality is divorced from its too close connexion with the genitals and is regarded as a more comprehensive bodily function, having pleasure as its goal and only secondarily coming to serve the ends of reproduction. In the second place, the sexual impulses are regarded as including all of those merely affectionate and friendly impulses to which usage applies the exceedingly ambiguous word "love." I do not, however, consider that these extensions are innovations, but rather restorations; they signify the removal of inexpedient limitations of the concept into which we allowed ourselves to be led.[1]

[1] *An Autobiographical Study*, page 249.

On the same subject, he continues:

> The second of my alleged extensions of the concept of sexuality finds its justification in the fact revealed by psychoanalytic investigation that all of these affectionate impulses were originally of a completely sexual nature, but have become *inhibited in their aim or sublimated*. The manner in which the sexual instincts can thus be influenced and diverted enables them to be employed for cultural activities of every kind, to which indeed they bring the most important contributions.[1]

Therefore, however difficult it may be to accept or even to grasp Freud's meaning in all this, let it be hoped that enough has been said to show conclusively that sex in psychoanalysis has an enormously broader significance than an exclusive interest in man's sexual passions, or even a special concern in all that is included within the scope of "romantic" love. The love and passion of adult human beings are looked upon as end products of multiple and involved psychological factors. These common needs and experiences are an outcropping to the surface of elements which extend far back into the past and far down into the unconscious. In the affairs of men they make up, so to speak, only the swiftly flowing central current in a vast stream which extends to the horizon on either side. Psychoanalysis includes all these wider and deeper connexions in the extended meaning of the term "sex."

[1] *An Autobiographical Study*, page 195.

CHAPTER III

History of Psychoanalysis (continued)

The previous chapter closed with an outline of Freud's sexual theories, and some of the argument in support of them was presented. Now, what can be brought against them? Among other things, outstandingly this: even if his concepts be correct—and, granting the assumption of a materialistic and biological basis for the psychic life of man, they undoubtedly are—the use of the terms "sex" and "sexual" is bound to arouse in the minds of students and readers something other than is meant by Freud, and therefore they are not getting the exact truth. The term "sex" has from prolonged usage, and with a special set of emotional values, accumulated connotations which limit it to the matter of adult genital sexuality, in particular the intimate physical relationships between men and women. Sex to the ordinary person is thought of in a concrete behaviouristic way as something to be indulged in or denied, to be desired or abhorred, to be looked upon seriously or lightly, according to circumstances, training, moral concepts, and æsthetic standards. Freud demands that the term be extended

to cover other fields and to be used in widely expanded meanings, *psychosexual* rather than sexual. Put in another way, the ordinary person thinks of sex in the physical sense, while Freud refers equally and more to the purely psychological features, and the unconscious ones at that. For the average man to conceive of unconscious psychic sexuality is as difficult as to think of an unconscious blow on the point of the jaw. His machinery of thought simply is not sufficient for the task. The whole Western world is thoroughly conditioned to a limited and special meaning for the term "sex." The task of re-educating to a broader concept seems a difficult and, in many ways, altogether useless burden to undertake. There is required as much effort in undoing the old as in establishing the new, in tearing down as well as in building up. Certainly one might fervently hope for an inspiration which would lead to devising some convenient concept and terminology, including more easily within its scope both sexuality as interpreted by the man on the street and the extended sexuality of Freud. There has been a recent emphasis in psychoanalysis on so-called *ego psychology* in contrast to the *instinct psychology* which received first consideration in study and research. The latter is more firmly entrenched than the other on a biological foundation, does not transcend a materialistic philosophy, and is more readily open to clinical observation. It seems not improbable that in this concept of the ego there will develop much to harmonize the sexual motive in the human psyche, which psychoanalysis has revealed, with the idealism and æstheti-

cism which for the average man claim equal recognition, and which appear to him in some way nullified by the new psychology.

One interesting step in the early groping progress along the path towards the meaning and causation of neurosis illustrates the painstaking attitude of Freud and is an example also of his ground for broadening the scope of the sexual side of life. In hysterical patients it appeared for a time that the causal chain of symptoms led back to some actual sexual experience of childhood which could in a very general way be included under the head of seduction, with its accompanying emotional shock. Freud felt for a time that here indeed was finally discovered the cause of these conditions. Attempting to confirm the findings by more extensive studies, he found the same story present in cases where it was possible to prove conclusively that nothing of the sort could have happened, and the patient must have phantasied the scene. For the moment he was ready to throw over the whole investigation in disgust at his own credulity, but soon it dawned on him that here was in truth a more important discovery than had been made before. It led him to the belief that these common and similar phantasies had a universal mental reality even if there was no actual physical experience, and that the effect of these phantasied scenes could be as potent in influence as an episode actually experienced. He reached the conclusion, later verified in many directions by other investigators, that in the depths of the child mind there are lived through during the developmental period com-

plex problems of love relationships which bear a sexual colouring. The process of growth in the sexual life begins in dependent infancy, where such emotional needs as are present are directed towards the parents, particularly the mother, who feeds and tends, and it ends with self-reliant youth, whose sexual interests and affectionate capacities are in sufficient degree released from earlier attachments to be available for future normal and unhampered alliances outside the family. The conscious phantasies of the hysteric were but bizarre expressions of stages in this psycho-sexual love life of childhood which had not been successfully lived through, and in which for some reason the individual was held fast, unable to move forward in an orderly evolution towards a normal goal.

Fresh from his researches and with the theories which seemed to him justifiably established, Freud hastened with the enthusiasm his new message inspired to lay his discoveries before the scientific world, apparently forgetting the experience of former pioneers in medicine and other fields who had been denied by their own generation. He expected his work would be fairly measured and judged in accordance with its real worth. It did not take him long to become disillusioned. His offerings were rejected. No scientific body would listen to him. He was ridiculed, reviled, and condemned. Friends turned from him, and even his colleague, Breuer, reluctantly took his stand with the opposition. The revolutionary concept of an active unconscious mental life over which the individual had little control was enough in itself to startle a world which had al-

ways believed that it knew its own mind, and naturally caused it to throw up vigourous defences; but it was the emphasis on the part played by the sexual life of man which set off the conflagration of war till the fields of psychiatry and psychology rocked with the tumult. Confident that he had the evidence to prove his claims, Freud, although stunned by this reception, remained undaunted. To avoid being drawn into useless controversy and the exchange of personalities, he retired from the field of open battle and for a decade worked on alone, publishing his results from time to time for those to read who chose.

On this period Freud comments as follows:

> Since, however, my conviction of the general accuracy of my observations and conclusions grew and grew, and as my confidence in my own judgment was by no means slight, any more than my moral courage, there could be no doubt about the outcome of the situation. I made up my mind that it had been my fortune to discover particularly important connexions, and was prepared to accept the fate that sometimes accompanies such discoveries.
>
> I could imagine the future somewhat as follows: I should probably succeed in sustaining myself by means of the therapeutic success of the new method, but science would ignore me entirely during my lifetime. Some decades later, someone else would infallibly come upon the same things —for which the time was not yet ripe—would achieve recognition for them and bring me to honour as a forerunner whose failure had been inevitable. Meanwhile I settled down, like Robinson, as comfortably as possible on my lonely island. When I look back to those lonely years, away from the pressure and preoccupations of to-day, it

seems to me like a glorious "heroic era"; my "splendid isolation" was not lacking in advantages and in charms. I had not to read any publications, nor to listen to any ill-informed opponents; I was not subject to influence from any quarter; no one attempted to hurry me. I learnt to restrain speculative tendencies and to follow the unforgotten advice of my master, Charcot—to look at the same things again and again until they themselves begin to speak. There was no need for my writings, for which with some difficulty I found a publisher, to keep pace with my knowledge; they could be postponed as long as I pleased; there was no doubtful "priority" to be secured. . . . All this time my writings were not reviewed in the medical journals, or, if by an exception this happened, they were scouted with contemptuous or pitying arrogance. Occasionally a colleague would make some reference to me in one of his publications; it would be very short and not at all flattering—such as "eccentric," "extreme," "very peculiar ideas."[1]

The last few decades have shown that Freud's predictions as to his own place in the field of medical psychology were too modest. Within that time his influence has extended over all the world. While complete acceptance of the whole Freudian system is confined to a relatively small group, certain important features of it have increasingly influenced the scientific world and furnish the dominant note in much of psychiatry and psychology. The accepted terminology of these subjects contains many words originated by Freud to express new meanings. It has been well said

[1] *On the History of the Psychoanalytic Movement: Collected Papers*, Vol. I, pages 304–5.

that modern psychiatry without Freud would be quite unthinkable, and the rapid development of the subject of psychopathology has been in large measure made possible by psychoanalysis.

Freud did not pass wholly unscarred through this long period of neglect and isolation. He states:

> Experience shows that only very few persons are capable of preserving courtesy in a scientific dispute, to say nothing of keeping to the point, and an altercation about a scientific matter had always been odious to me. Perhaps this attitude on my part has been misunderstood; perhaps I have been thought so good-natured or so easily intimidated that no further notice need be taken of me. This was a mistake; I can rave and revile as well as anybody, but I do not find it so easy to give expression in a manner suitable for publication to the emotions involved and therefore I abstain entirely from the attempt.[1]

On the special hostility shown by his German confreres he comments further:

> Even to-day (1925) it is, of course, impossible for me to foresee the final judgment of posterity upon the value of psychoanalysis for psychiatry, psychology, and the mental sciences in general. But I fancy that, when the history of the phase we have lived through comes to be written, German science will not have cause to be proud of those who represented it. I am not thinking of the fact that they rejected psychoanalysis or of the decisive way in which they did so; both of these things were easily intelligible, they

[1] *An Autobiographical Study*, page 324.

were only to be expected and at any rate they threw no discredit upon the character of the opponents of analysis. But for the degree of arrogance which they displayed, for their conscienceless contempt of logic, and for the coarseness and bad taste of their attacks there could be no excuse.[1]

By 1905 Freud's writings had gained attention from serious students, and from then onward an increasing number of followers, first in Vienna and later in Germany, England, and the United States, were enlisted in the work. In 1906 the public support of the Zürich School of Psychiatry under Bleuler and Jung gave a vigorous impetus to the new psychology. Among those men and women who joined the psychoanalytic group during this period were some of the most gifted minds in medicine and other fields, and the contributions of these associates have been only second in value to those of Freud. In 1909 Freud, Jung, and others were invited by the late Dr. Stanley Hall, then President of Clark University, at Worcester, Massachusetts, to give lectures at the celebration of the institution's twentieth anniversary. Under the leadership of Dr. Hall, Clark University had developed a Department of Psychology which was well known both in the United States and in Europe. The proceedings of the meetings were published in the *American Journal of Psychology* and given wide circulation. The meeting at Worcester marked the first official sanction of the psychoanalytic school, and from then on, its influence spread still more rapidly.

What this recognition meant to the man who had

[1] *An Autobiographical Study*, page 273.

worked so long in relative obscurity can best be expressed in Freud's own words:

> At that time I was only fifty-three, I felt young and healthy, and my short visit to the New World encouraged my self-respect in every way. In Europe I felt as though I were despised; but over there I found myself received by the foremost men as an equal. As I stepped on to the platform at Worcester to deliver my *Five Lectures upon Psychoanalysis*, it seemed like the realization of some incredible day-dream: psychoanalysis was no longer a product of delusion, it had become a valuable part of reality.[1]

Appreciation given to his doctrine in America did not blind him to certain limitations on the part of the new country for impartial scientific inquiry, resulting from the freedom of thought and easy enthusiasm permitted by less seasoned scientific standards than those of older civilizations. He continues:

> It [psychoanalysis] has not lost ground in America since our visit; it is extremely popular among the lay public and is recognized by a number of official psychiatrists as an important element in medical training. Unfortunately, however, it has suffered a great deal from being watered down. Moreover, many abuses which have no relation to it find a cover under its name, and there are few opportunities for any thorough training in technique or theory. In America, too, it has come in conflict with Behaviourism, a theory which is naïve enough to boast that it has put the whole problem of psychology completely out of court.[2]

[1] *An Autobiographical Study*, page 280.

[2] Ibid., page 282.

On the same theme ten years earlier he commented thus:

The absence of any deep-rooted scientific tradition in America and the much less stringent rule of official authority there have been decidedly advantageous to the movement which Stanley Hall started. It was characteristic of that country that from the beginning both professors and superintendents of mental hospitals as well as independent practitioners were all equally interested in analysis. But it is clear that precisely for this reason the centres of ancient culture, where the greatest resistance has been displayed, must be the scene of the final decisive battle for psychoanalysis.[1]

It could not be expected that a movement so rapid in development and wide in scope as psychoanalysis would be free from dissension within its own ranks as well as opposition from without. On the whole there has been extraordinary unanimity on basic principles, with increasing division over lesser issues, as observation, research, and speculation grow in breadth and depth. Three major defections from the purely Freudian psychoanalytic school have occurred since 1910, the first two of them being led by Jung and Adler respectively, and more recently a third under the leadership of Rank. This is not the place to outline these special movements in detail. To the impartial student it seems clear enough that all of these divergent schools have a common origin and are deeply rooted in the work of Freud. Moreover, it is not so evident that in their divergencies there has developed any fundamental

[1] *On the History of the Psychoanalytic Movement*, page 316.

inconsistency or mutual exclusiveness in relation to the more strictly Freudian concepts. Adler's system of individual psychology appears most difficult to reconcile with psychoanalysis proper. Critics of Adler's work feel that he has been guilty of undesirable over-generalization and over-simplification, while in minimizing the importance of unconscious mentality and of sexuality he has cut off most connexion with psychoanalysis (as indeed he maintains), leaving the complex manifestations of clinical psychology to be explained by a few elementary principles and motives. His system has the advantage, at least, of being easily grasped by the lay public and thereby being more readily available to them for practical self-help.

Whatever else may be charged against the special contributions of Jung and Rank, over-simplification will not be one of them. The theoretical constructions of each of them are extraordinarily involved as contrasted with those of Freud and contain more of the philosophical approach. To feel that both have contributed substantially to psychoanalytic doctrine, and given needed supplement in many points, in no way detracts from a respect for Freud's own work. As Steckel, himself in some degree a dissenter, happily puts the matter in metaphor—a pigmy on the shoulders of a giant may see farther than the giant himself.

But whatever the attitude of the open-minded and conciliatory student may be towards the common purpose and principles of schools, many of the adherents of the original Freudian system think differently. For them apparently there is no compromise. Either one is

within the fold of true psychoanalysis or one is completely outside, with no common interests or points of communication. In this respect it has been well said that many of his disciples are more Freudian than is Freud himself. It is a fact that he has been in an unusual degree ready to consider views and findings which conflict with his own and has frequently modified the latter under such influences. It is equally true that against certain major principles of these divergent groups he has taken a vigorous and unyielding stand. To that system of psychoanalysis which is his original contribution and still under his leadership, in his eyes they do not belong. The controversy over these matters has been waged with some bitterness, but it is fair to say of Freud that he has never lowered his dignity or compromised with a scientific-minded view-point. It would seem regrettable that this attitude, together with a refusal to be involved in personalities, has not been a more potent example to some of his followers. With reference to the charge of intolerance and dictatorship on the part of some of his critics, Freud points to the wide group of associates who worked with him harmoniously for many years, and states: "I think I can say in my defence that an intolerant man, dominated by an arrogant belief in his own infallibility, would never have been able to maintain his hold upon so large a number of intelligent people, especially if he had at his command as few practical attractions as I had."[1]

While it is natural to regret the strong feeling between factions in psychoanalysis as prejudicial to an

[1] *An Autobiographical Study*, page 283.

unhampered search for truth, it is probable that the rigid adherence of the central group to certain fundamental principles based on a biological approach to the subject has been of distinct advantage to the new science. Any psychology other than behaviourism that ventures out of the protection of the laboratory must necessarily be subjective and vague in comparison with the more objective natural sciences. If each student of psychoanalysis had given free rein to the hypotheses for which the observed facts in research offer tempting possibilities, the whole system might well have been dissipated into nebulous obscurity before it had fairly been born. By sticking fast to the sexual nature of instinct, and refusing to be moved away from the biological and materialistic background of psychology, Freud and his immediate followers have been able to put before the whole world a body of data so definite, and theories of such clarity, as can be grasped by all in a common understanding, and thus give a fixed platform from which to start off, whether for rejection or acceptance. Changes in doctrine have come about fast enough in the past so that it is easy to predict that many more will occur; but whatever developments are in store, the concept of the sexual (libido) theory, plus those of the unconscious mind and of mental conflict (to be discussed later), will stand as a firmly entrenched nucleus of psychoanalytic principles, to which divergent movements may turn back to find a common ground.

Freud's writings have been extensive. Since 1900 an uninterrupted stream of publications has been issued from his hand. In addition to the more strictly medical

aspects of psychoanalysis, he has dealt with its application to a wide variety of allied subjects. In all his work he has steadfastly endeavoured to distinguish between observation and theory and is ready at all times to admit himself baffled in the solution of a problem. His style is terse and to the point and is not lacking in literary qualities of a high order.

There has been no systematic presentation by him of psychoanalysis as a school of psychology. He has deliberately refrained from such a project, feeling that psychoanalytic knowledge is too fragmentary and scattered to permit, up to the present time, of any complete systematization. Most of his published work before 1920 dealt with special topics to which his clinical observations or reflections served to lead him. There has been no attempt to follow out all these matters exhaustively. Going as far as he feels justified in one direction, he has no hesitation in dropping the subject for the time being, or perhaps for ever, and starting on a new quest. Later in life he was less bound to the scientific method of observation and deduction and launched deliberately into a more speculative discussion of the extensions and implications of psychoanalytic principles. He says: "In the works of my later years . . . I have given free rein to the inclination for speculation which I kept down for so long. . . ."[1] And again:

> I should not like to create an impression that during this last period of my work I have turned my back upon

[1] *An Autobiographical Study*, page 290.

patient observation and have abandoned myself entirely to speculation. I have, on the contrary, always remained in the closest touch with the analytical material and have never ceased working at the detailed points of clinical or technical importance. Even when I have moved away from observation, I have carefully avoided any contact with philosophy proper. This avoidance has been greatly facilitated by constitutional incapacity.[1]

One of Freud's later books, *The Future of an Illusion* (1928), deals with the subject of religion and is at the least a logical development of his original biological concept of the psychic life of man. His conclusions concerning the religious strivings of mankind, like some others to which he has arrived, do not go unchallenged by many of those who at the same time are quite willing to accept him as a leader in the fields of psychology and psychopathology.

Impaired health finally led Freud into a semi-retirement, but did not cut him off by any means from continued clinical work nor ended his active leadership. From his seclusion he was in close touch with the developments in psychoanalytic doctrine which were taking place in all the leading centres of learning. In his critical estimate he maintained a rare open-mindedness and before his death even revised materially some of his own ideas under the influence of the work of others. The final paragraph of the *Autobiographical Study* gives Freud's contemporary estimate of his own work:

By a process of development against which it would have been useless to struggle, the word "psychoanalysis"

[1] *An Autobiographical Study*, page 294.

has itself become ambiguous. While it was originally the name of a particular therapeutic method, it has now also become the name of a science—the science of unconscious mental processes. By itself this science is seldom able to deal with a problem completely, but it seems destined to give important contributory help in a large number of regions of knowledge. The sphere of application of psychoanalysis extends as far as that of psychology, to which it forms a complement of the greatest moment. Looking back, then, over the patchwork of my life's labours, I can say that I have made many beginnings and thrown out many suggestions. Something will come of them in the future. But I cannot tell myself whether it will be much or little.

CHAPTER IV

Nervous Illness (The Neuroses)

It has been shown in the previous chapters that the principles of psychoanalytic psychology were developed from a study of nervous illness, and the history of psychoanalysis is closely connected with the problem of nervous disorders. Movements of enormous significance often enough have comparatively insignificant beginnings. Pasteur, the French chemist, was sought out by the discouraged brewers of his city to aid them in preventing the souring of beer. By accurate and ingenious methods of observation and experiment he was led to the conclusion that the "spoiling" of beer was not due, as had been supposed, to spontaneous inner changes, but to the effect of something which came from the outside atmosphere. This investigation led ultimately to the discovery of a whole new world of micro-organisms whose activities intimately concern the welfare of human beings, and the control which exact knowledge made possible brought revolutionary changes in medicine and other fields.

In a setting as undramatic as was Pasteur's, Freud undertook to learn something more about certain of

his nervous patients, whose symptoms had defied previous understanding and were refractory to ordinary methods of treatment. The studies thus humbly originated have produced another epoch-making revolution, this time not primarily concerned with the physical universe by which man is surrounded, but with the workings of his own mind. Upon the basis of a new grasp of the subject of nervous illness has arisen the whole structure of psychoanalytic psychology, which in its scope touches practically all aspects of human interest and activity.

At the time of Freud's original work little was known of the cause and nature of nervous symptoms other than that they often had no important physical basis, and that they could be explained on no rational grounds. There was no established method of treatment which could be taught or learned. Each physician who chose to bother with such troublesome problems followed his own bent and called upon the resources of his experience and intuition to guide him. Hypnotic suggestion was a more exact method, and therefore an exception to the general rule of every physician for himself, but its limitations were soon reached and it could never serve as a comprehensive system.

Breuer's discovery, that "traumatic" psychic experiences of the past could continue to cause effects long after they were forgotten, broke the deadlock between the medical profession and the nervous patient who had challenged therapy and defied understanding. In spite of the fact that this first doctrine proved to have but a limited truth, it did open the door and point the

way to the hitherto hidden field of psychopathology. From the standpoint of simplicity and the universal love of the dramatic, it is to be regretted that Breuer's theory of the spectacular connexion of nervous symptom with past traumatic experience does not more often hold good. That portion of an interested public who have a speaking acquaintance with psychoanalytic principles, as well as neurotic patients themselves, often expect such a clear-cut relation between symptom and cause and are disappointed when it is not revealed. They may even be critical, as if a system to which they gave credence had failed to live up to its claims. However, such simple connexions as were first studied by Freud and Breuer (and independently by Janet) do occur just often enough to illustrate discussion, and offer always an effective demonstration of how psychological situations of the past can be carried over to the present quite unchanged—preserved, so to speak, in the storage vaults of the unconscious.

Unhappily for the patient, the aftermath of a disturbing experience is something more than a mere record which can be safely stowed away in the hidden recesses of the mind. No matter how tight the door may be closed, it still operates as a powerful force affecting the mental life and may influence the immediate reactions of the present as strikingly as though the actual occurrence was taking place at the moment. The only way an undesirable psychic state can be prevented from influencing an individual for harm is in some way to bring it into harmonious relationship with the rest of the mental life. Fortunately this seems to go

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on for the most part spontaneously and nothing has to be done about it by conscious effort. Exceptions to this rule occur and are familiar to everyone. The difference in effect between an experience which is mentally assimilated and one which is not may be illustrated by an everyday example. If an average man is publicly insulted and humiliated by another and for some reason is not able to retaliate, he has in the memory of the experience a disturbing influence in his mental life, in this case quite consciously. The memory of the incident rankles and annoys. In the still hours of the night it comes relentlessly back to harass him. He goes over and over the scene and thinks too late of the things he might have said and done, while anger and shame flood him. Now let him meet his insulter face to face and by some physical encounter or a few well-chosen words put him thoroughly in his place—immediately the distress of the previous memory will be eliminated for ever. The painful emotion has found an outlet for discharge, and the score is settled. A more highly developed and "civilized" character should be able to accomplish the same result in a less primitive and robust manner, through purely subjective means. He may reason that the other man really damaged only himself by his insult, that as a superior he will not stoop to battle with fists or words; that what someone of little worth may say in the heat of passion affects the truth of things not a bit, and so on. Conscious of his own courage and rectitude, this type of man may be as little touched by insult as he would be carried away by flattery. With such resources and in such

manner he can in his own way completely dissipate the painful emotion.

Either method, from the standpoint of mental health, is an entirely effective one in banishing harmful emotion. An equally successful procedure, so far as relief from conscious pain is concerned, is that of repression —that is, purposeful forgetting accomplished automatically without awareness or conscious effort.[1] But in the latter case, in contrast to the former one, comfort is gained at a serious and exorbitant cost, because the memory thus banished is not destroyed, but remains with undiminished emotional energy, turned loose in the unconscious mind, where it is out of control of reason and will, with all the resulting possibility of undesirable effects.

Repression of painful memories is sometimes dramatic in the extreme. A nurse during the first World War, after a period of exhausting vigil, gave a soldier the wrong medicine, which contributed to his death. In her despair she went into a state of delirium and on recovery had no memory of the distressing and tragic episode. If this forgetting had been the only result, it might have been the best thing for all concerned, but the girl, following this abnormal repression, developed other symptoms, including mental depression and general inefficiency. It therefore seemed necessary that

[1]"Repression" used in the sense of an unconscious mental mechanism should be differentiated from the conscious avoidance of painful thoughts, called "suppression." There is no sharp line of distinction between these processes, which merge into each other.

she be helped to bring back to consciousness the sad story and aided to face it in a more robust and constructive way than by "forgetting."

A woman of thirty-eight was sent to a psychiatrist on account of the effects of an automobile accident which could not be explained by any physical injury which had been received. She was weak, listless, and apprehensive; she spent much time in bed and was forced to give up housekeeping and send her children to relatives. She dreaded going to sleep on account of vivid dreams in which she lived over the experience. Inquiry elicited that she had tried to overcome the shock of the accident by banishing thoughts of it from her mind (suppression). To aid in this purpose no one in the home was allowed to refer to it. She refused to give attention to insurance matters and shunned newspapers to avoid notice of other accidents. According to the theory of the inadequacy and dangers of such procedure, some features of her difficulty seemed evident. While partially successful in driving the painful memory from consciousness, it was retained in full vigour somewhere just outside. To prevent its return she was under continuous strain, with the consequent penalty of fatigue. When she was off guard, as in sleep, the distressing memory came back in dreams. It was clear that her method for the disposal of the effects of a disturbing incident was not a good one. Based on the theories above outlined, the way to aid her to a better solution was plain. She was told that the memory of the accident should not be banished by main force, and that as an alternative she must

digest and assimilate it. She was persuaded to talk over the occurrence in detail—the crash and shock, to be sure, but also the escape of all the party from serious injury, and the occasion for gratitude therefor. She was urged to consider the fact that some hazard is an inevitable part of life, that one accident encourages caution, which reduces the likelihood of another. She was instructed not to avoid the subject at home, but to go over it in conversation, with special emphasis on the happy outcome and the optimistic side of things in general. This program worked like a charm. In a few days distressing dreams had disappeared, the patient was more active and energetic, and in a short time the experience of the accident took its normal place with other experiences in the ups and downs of life.

This same woman, when asked about her family, showed deep emotion as she told of the death of her father twelve years before. Her manifestations of grief were much as though the bereavement had recently occurred. It was found that once again she had endeavoured to use the method of repression in meeting the loss of her father, to whom she was more than usually attached. She had tried to put his memory from her mind, and never talked of him with others of the family. As before, it seemed wise to advise her to reverse her policy. She and her mother were urged to talk freely of the father and of their happy life together in earlier times. As might be expected, this brought more relief than pain and contributed towards aiding her to be reconciled to her father's death. It is, of course, highly probable that these two examples rep-

resented a general type of reaction in this woman to all sorts of outer and inner difficulties, and she might well profit by more fundamental aid for her pattern of mental adjustments than could be brought about simply by helping her to face a few special problems.

The story of a foreign missionary shows a more deeply hidden mechanism responsible for nervous symptoms. In his late thirties this man had increasing difficulty with nervousness. One of the most striking symptoms was an obsessive and unendurable fear of drunken men. Such a symptom effected a serious curtailment of his activities. If a person with any evidence of intoxication got on one end of a street-car, the minister precipitately got out the other, impelled by an irresistible impulse. This fear was in contrast to the man's general character. He was no coward and in his missionary work had faced real dangers without flinching. He consulted a physician, who put him under hypnotic influence. While in this condition he related a childhood scene of a drunken father coming into the home in a state of rage and violence. On awakening from hypnosis he scoffed at the idea of there being any truth in this story as applied to himself. Persuaded to confer with his mother, he found to his utter astonishment that the events were corroborated by her as experiences in which he himself had participated. The family had come from the British Isles. The father in early days was a drunkard. For a period in the patient's young childhood it was not an infrequent occurrence for the mother to seize the small boy by the hand,

snatch his baby sister from the cradle, and run to the neighbours for protection. When the patient was four years old, the father reformed and came to the United States, where he studied for the ministry and became a successful evangelist. With the religious conversion of the father and this new start in life, it was the special purpose of all concerned to bury the past and it was never referred to. The patient could never fully recall these violent scenes of his childhood, but certain features of them came dimly into his mind. The process of discussion, however, and the explanation given by the physician, resulted in the prompt disappearance of his fear of drunken men. He still had plenty of other nervous symptoms, but the particular disturbing phobia was banished as by magic when the experience which determined it was brought up from the depths of his mind towards the light of day, ventilated in conversation with the physician, and by the application of more mature values became detached from the terrifying associations of childhood.

The significance of this first discovery in psychoanalysis, then, may be summed up as follows:

The idea of a "foreign body" in the unconscious mind as the legacy of a traumatic experience is a useful figure of speech with a measure of validity as a basis for special symptoms, and in exceptional cases shows what actually does occur. The symptom in these special instances is connected with a specific experience of the past, the memory of which has been disposed of through repression. Continuing the metaphor of the foreign body, the resulting symptom, as in the case

of the missionary, may be banished by successful exploration, discovery, and removal by the method of "mental surgery." However, this theory, in spite of occasional spectacular illustrations to confirm it, proved to have sharp limitations, and the majority of nervous symptoms show a far more intricate causation. The foreign-body theory, therefore, was but a first step, which alone would make small impression on the problem of nervous disorders either in theory or in therapy.

A later and more comprehensive explanation of what lies behind nervous symptoms was furnished by the concept of mental conflict. Conscious mental conflicts, such as the time-honoured one " 'twixt love and duty," and many others, are familiar to all. In this sense nobody is ever free from the necessity for choice, decision, and self-control. Appreciation of the place and importance of *unconscious* mental conflict has been a contribution of psychoanalysis. Conflict in this region is far more general and diffuse in the personality than that between the self as a whole against the shock of an experience, remaining undigested in the mind. Unconscious mental conflict is conceived by psychoanalysis as taking place between the instincts, seeking direct expression, in opposition to social ideals, or, better, to that part of the individual ego which represents the social ideals. The instincts comprise the more elementary and primitive tendencies of the human animal; the social ideals represent the more mature strivings and are in accord with the general welfare of the group as a whole. Viewed in the large, civilization and culture mean a progressive socialization of the human instincts.

Each person must repeat much of this process in his own life. The primitive and individualistic child grows up by an orderly psychological development to the socialized adult, who is supposed to be adjusted and subordinate to the group. In the neurotic there has been a failure somewhere in this orderly psychological development, and the basis is thereby laid down for mental conflict and nervous symptoms. Man has been referred to as being at birth, psychologically speaking, a mob. His task in development to maturity is to mould that mob into an orderly self-governing state. By the same token we may look upon the neurotic as one unable to accomplish this task completely. Certain members of the mob within him have refused to give allegiance to the government. They exist as an outlaw group, always in opposition and often at war with the more settled population.

The conflict between instinct and ideal is by no means confined to the unconscious. In many fields of life, most strikingly perhaps in that of sex, such conflict is obvious and universal for all men. What psychoanalysis has shown is that these conscious conflicts represent but the simplest and, in a sense, least important of mental problems. In dealing with them one has, so to speak, the enemy in the open, the problems are above-board and understandable, and the resources of intelligence and "character" are thereby available for their solution. In the obscurity of the unconscious are a myriad other mental forces, complex, subtle, elusive, and often enough incompatible, which must inevitably war vigorously with each other. Some sort of

established unity or successful compromise, created from out of all these forces, means mental health; the opposite spells neurosis. Conscious conflict has the immense advantage of being under the influence of reason and will. Unconscious conflict lies as far outside the reach of these agencies as do the bodily functions of digestion and circulation.

It would be a misapprehension to look on the matter of deep-lying psychic conflict as one between the forces of evil and darkness arrayed against virtue and light. It is not a question of morality, but rather one of maturity. It would be nearer the truth to sense in an unconscious conflict a struggle between *childishness* on the one hand and *grown-upness* on the other, between the forces that would hold one to the self-indulgent, irresponsible past and those that urge towards an independent future, gained only by the acceptance of some sort of inner self-obligation and self-denial. It is common and quite correct to describe certain poor traits of behaviour of adults as "childish." It is just as true, though less obvious, that hidden deep below the level of observable behaviour may be present other features of childishness which profoundly handicap the individual for the grown-up world in which he must live, and which form the material of neurotic conflict.

It would be far from the truth, once more, to picture unconscious mental conflict as a sharply circumscribed contest between two opposing tendencies which, as it were, fight each other in some psychic arena while the rest of the mind takes on the role of spectator, comfortably seated in the grandstand. The most simple

conflict-issue must in some measure involve the whole psyche and comprise many factors related and interrelated. From all these, through some failure of spontaneous solution, there occurs between the balance of forces an impasse which cannot be overcome in a constructive manner, and a compromise in the form of a neurosis is the alternative.

The battle between opposing tendencies in the mind may be made more clear by homely illustration. In the plot include a young man, a cold morning, a warm bed, and an alarm-clock. All the more simple, instinctive impulses cry out to the youth to draw blankets tighter and take another nap. Ambition, duty, self-respect, and so on urge him upward and outward. Here is indeed conflict. The highly disciplined man may hardly be aware of a struggle as he rises on schedule. His overweak brother may stay in bed at all costs, with resulting loss of his job or other penalty. The average person groans, protests and postpones decision, but rise he will in time to avoid disaster. Now, if one can in imagination magnify this cold morning conflict many times and sink it below the level of consciousness, he may then get a picture of that opposition of forces which makes life always a struggle between those influences which hold the individual back and those which drive him on.

Mental conflict, then, is the central essence of nervous illness and, according to psychoanalytic theories, is the first of three major processes which are involved. The second one is *repression*, already referred to. Repression is the term applied to the mental process in the

neuroses by which painful or unpleasant content is either kept out of consciousness altogether or eliminated from it. The purpose of repression is defence. The individual needs to be protected from forces within himself. Repression spares him the distressing mental awareness of problems with which he is unable to cope in any progressive manner. The third process in the structure of a neurosis concerns *symptom-formation.* Unconscious conflict is highly charged with energy, which surges towards expression in thought or action. Repression blocks the direct route to consciousness. Neither side of the conflict can be given direct outlet without in a way violating or denying the other. The factors involved are mutually exclusive. Symptom-formation makes possible an indirect and compromise expression and outlet. A symptom is composed of the factors of conflict in disguise, and the forces of repression let it pass by. Both sides find some degree of release and satisfaction.

A simple example will clarify. A person has instinctive inclination to do injury to others. His moral self stands across the path. He develops violent spasmodic movements of his arm. By this symptom is given symbolic outlet to his evil desire, in a manner akin to the superstitious magic of primitive peoples. Meantime his moral nature is unviolated on account of the futility of the procedure, or is appeased by the discomfort the symptom produces. It permits, so to speak, a certain indulgence of outlaw instinct by the payment of tribute in suffering. Adjustment of a sort is accomplished by symptom-formation—one that is inadequate,

often a serious handicap to ordinary living, and a cause of new suffering; but to the patient in his extremity it seems, after all, the lesser of two evils.

For the purpose of illustration of symptom-formation let us build up a fanciful allegory in which the neurotic individual is pictured by a family scene. A small boy represents the instinct side of a conflict, and his mother the social strivings of the ego. The boy desires to cut off the cat's tail. The mother forbids. An impasse results. The child *must* cut off the tail. The mother *will* not permit. After stormy negotiations a compromise is effected; the scissors are restored to the child and he is allowed to cut up pictures of cats in any way he chooses. The child finds indirect outlet for his desire, the mother's code is not violated. Both child and mother are satisfied. This illustration is inadequate, for in order to parallel the development of a neurosis the figurative symptom of cutting up the pictures should be a disagreeable process to the child and unpleasant to the mother. If a similar happy solution should occur in individual mental conflict, there would be no neurosis. Rather than representing a nervous symptom, the example better exemplifies sublimation—that is, an appropriate and useful compromise adjustment springing from conflict. The whole illustration is a poor one from another standpoint. Again it should be emphasized that the instinctive side of life is not all violence and passion. Often enough it appears more in the nature of simple inertia, a protest against the hardship of growth and development. For this phase the reluctance of the small boy to get out of bed on a cold morning might be used

as a better figure than a desire to amputate the cat's tail.

An actual case will be more satisfactory as an example of symptom-formation. A young woman, after the death of her father, developed an obsessive fear that she would do harm to somebody unknown and undergo relentless punishment for her crime. She realized the absurdity of her fear, but suffered none the less for that. She grew worse, and life became centred in this obsessive symptom. What did it all mean? A little study made it clear. The father had been domineering and tyrannical, but at the same time he had managed to inspire the admiration and deep devotion of his daughter. On the surface she had lived peacefully enough. Unconsciously, however, there had been more profound hostility and more intense love than she could possibly realize. These attitudes were in opposition, but were held quiescent until the father's illness. The mixed relief and sorrow at his death aroused this deep-lying conflict and disturbed its equilibrium, unstable at best. Deep within this girl's soul a bitter hate towards her father for his restrictions waged battle against the love, duty, and dependency which she felt towards him. Her concern lest she do harm to persons unknown, with the accompanying fear and guilt, was a projection to the surface of hostility to the father, disguised so as not to outrage her conscious self and punished by the rigours of an exaggerated conscience. By the symptom, then, expression was given in substitute and disguised form both to the feeling of hatred against the father and to the moral ideal which abhorred such an unfilial atti-

tude. Behind the thought of doing harm was a hostile "wish," while motivating the fear which accompanied it was the protest of love and morality.

The neuroses occurring among soldiers during war and miscalled "shell-shock" once more illustrate the mechanism of symptom-formation. There is fairly general agreement among the medical profession of all nations concerning certain of the more simple features of the nature and origin of these disorders. In the soldier fear and distaste were arrayed against principle and loyalty. Straightforward solution of this conflict required suppression of one side and the dictation of attitude and action by the other. With certain men a deadlock occurred between the two opposing influences. They would not shirk their duty; they could not subdue their fear. It was possible neither to carry on nor to give up. Something had to happen and quickly. By a series of unconscious mechanisms operating under the influence of repression, this mental conflict was *converted* into physical symptoms: paralysis, tremor, or many others. Disabled by these symptoms, the man was relieved from duty and sent to a hospital. At the cost of suffering from symptoms he evaded the conflict of fear versus duty by being transferred to a place of safety, while at the same time he avoided the sacrifice of principle and honour. Of the relation between symptom and conflict he was wholly unaware; otherwise he was a malingerer and not a person ill with a neurosis.

In the neuroses of peace time the mental conflicts responsible for symptoms are usually far more deep-

seated and difficult to grasp than in the neuroses of war, while the gain from illness is much less obvious. In the one case, conflict concerns an immediate situation of danger, determined by external events. In the other, conflict deals with unsolved inner situations and dangers, heritage of the past and long divorced from external reality if ever connected with it, but brought over to the present as still active psychological problems. Diagrammatically presented, the war neuroses can be seen in cross-section and near the surface, while those of peace time require, for clear revealing, longitudinal section deep into the life structure of the individual. The fear and conflict which the soldier endures over his safety are understandable to all. The tumult and panic of the everyday neurotic are confined largely within his own mind and mean little to anybody but himself. Nervous symptoms violate all canons of rational thought. They are illogical in nature, and, still more striking, they maintain themselves stubbornly against logical demonstration and influence. New psychoanalytic knowledge has enabled us to see that the irrationality of nervous symptoms is only seeming. In truth, they are the definite result of long chains of psychological happenings, often reaching back to childhood, and with many of the links hidden deep in the unconscious.

The psychoanalytic method of treatment of neuroses is based upon the theory of their nature thus briefly outlined. The principle of treatment is to search out and reactivate the factors of unconscious conflicts and bring them, so far as possible, from the depths to the

surface of the mind. The procedure is abetted by a certain "compulsion to repetition" which applies to unsolved psychic problems. The patient is then in a more advantageous position than before to be helped to a new and better solution. The details of the method for accomplishing this purpose will be outlined in subsequent chapters.

CHAPTER V

The Psychoanalytic System of Psychology

It is not literally correct to speak of psychoanalysis as a system of psychology. Rather does it consist in a body of material, empirically established from observed clinical phenomena arising from the therapeutic study of patients. The slow and orderly steps which led to the accumulation of this data have already been described. Interpretation of the facts thus established has led to the psychoanalytic hypotheses, which are still fragmentary and somewhat unrelated. It cannot be too often emphasized that psychoanalysis did not start with a theory to which observed phenomena were later brought for its support. The facts were first gathered and the theories followed in an attempt to interpret them intelligently. Freud himself has deliberately refrained from the temptation to form a school of psychology and has directed his attention to the development of special topics or along paths of speculative thinking to which he has been led by his work with nervous patients or his reflections on more general problems. Up to the present time there is to be found

nowhere in the literature a systematic presentation of psychoanalytic psychology.[1]

In comparison with older schools of psychology, psychoanalysis contains new material and makes radical departures from other view-points. This matter may be summarized as follows:

a. Psychoanalysis deals chiefly with the "unconscious" mental life, maintaining that the major portion of mental activity goes on outside the subject's awareness. Supported by what seems sufficient evidence, it is assumed that this unconscious mind consists in two parts. The first includes that which is present in a potential way at birth, brought over in some manner with the germ plasm along with other inherited qualities. This comprises what is called by Jung the *collective* or racial unconscious and is emphasized by him perhaps unduly. The second part is built up from the life experience of the individual and is in that sense acquired. Jung calls this the *personal* unconscious. It is composed of material much of which at some time has been present in consciousness and later eliminated, from one cause or another. It is this personal unconsciousness which has been given the most consideration by Freud.

Consciousness contains at any given time only a

[1]An exception may be Rank's *Genetic Psychology* of recent publication, in which the author, using the material of psychoanalysis, constructs a psychological system which has not proved acceptable to the more rigid Freudians. Rank's work is brilliant in conception and gives a welcome unity to parts until now disconnected. Time will be needed to determine the proper place of this contribution in the development of psychoanalysis.

fraction of what is available to it. The term "preconscious" is applied to mental content not at the moment conscious, but which can be brought back on demand. Attention sharply limits the field of consciousness to one or a few matters at a time, with obvious advantages. Attention is like a search-light which focuses on one spot, with some shading-off on all sides to complete darkness. If the place lighted up is called the conscious mind, then all the dark area round about which can be reached by the search-light is preconscious. To bring the unconscious into the simile, there would have to be added subterranean vaults and cellars, where no ray of light can penetrate. Unconscious mentality, then, in the psychoanalytic meaning, concerns only that matter which the unaided individual is powerless to grasp by any effort.

b. Repression is established as a central psychologic mechanism, meaning by "repression" a purposeful omission or elimination of material from the conscious mind by an unconscious mechanism. In normal states this mechanism disposes of what is unnecessary and inconvenient for consciousness. In abnormal states it takes care of what is intolerable and unsolvable by consciousness. The difference between healthy and pathologic repression is chiefly one of degree. Healthy repression is a mechanism for efficient management of childish and social qualities which are common to all. Pathologic repression comes into play under special need and is used to evade tendencies which are so potent and in such crude contrast to anything acceptable by consciousness that they cannot be disposed of

by more constructive means. In both cases the material repressed remains in the unconscious. In the former it is integrated into the structure of the mental organization and is compatible with health. In the latter it remains unassimilated, is a source of inner mental disharmony, and is often the basis of neurosis and other maladjustments.

In the special emphasis on the pathological features of this mechanism, incident to a study of nervous disorders, the advantages of normal repression have been neglected. The conscious mind may be looked upon as a special agency to deal with an uncertain and often dangerous environment. As soon as adjustment of organism to environment becomes perfected in any field, there is no more need of special supervision, and the conscious mind is set free for other business. Thus, in the process of walking, a child at first takes each step with painstaking care, but later the function goes on automatically without need of conscious attention. Just as the board of managers of a business turn over special tasks to subordinates and leave themselves free for larger and unsolved issues, so the conscious mind of man transfers management to subordinate operatives. A good part of body-functioning and the major proportion of the business of life in general is, so to speak, mentally delegated to the unconscious. This is not done by a destruction of psychic factors previously in operation, but by the process of repression they are transferred to other regions of the mind.

c. Psychoanalysis recognizes unconscious mental conflict as at once a factor in character development

and beyond certain limits, a source of psychic difficulties. As previously pointed out, the conception that such conflict may go on completely outside the conscious grasp of the individual is distinctive to psychoanalysis and fundamental to the modern consideration both of normal psychological development and of the nature and causation of nervous disorders.

d. There is a new emphasis on infantile and child psychology, again stressing the unconscious features. Appropriate psychologic development at this early period is believed to lay down patterns of reaction which ensure satisfactory adult adjustments. On the other hand, failure in the solution of some basic developmental problems may result in the carrying over of these problems to adulthood as a sort of unfinished business of the past which complicates all later mental reactions.

In so far as psychoanalytic psychology is a system, it is a psychology of the instincts, or rather the instinctive basis of mental processes, and thereby, as stated, it accepts a biological foundation. For a definition, let it be said that human instincts are urgent tendencies or dispositions appearing from somewhere in the shadow-land between the physical and the mental and vigorously striving towards expression.

Freud postulates two groups of instincts—the sexual, or procreative, and the ego, or self-preservative. As has been already pointed out, this implies a generalization and extension of meaning far beyond previous concepts. The sexual instincts in the narrow sense, as seen fully developed in the adult, are imperative in

demand. Their satisfaction brings the highest degree of sensory pleasure, and in contrast deprivation is acutely unpleasant. Even in the extended meaning of Freud, sexual instincts, conscious and unconscious and at all stages of development, strive directly towards their individual goal, regardless of complication or consequence. Their one aim is to satisfy the particular need which they represent. The ego instincts are less individualistic in nature and less mutually exclusive. In general, to repeat, they comprise those instinctive dispositions which have to do with the maintenance of the individual and his adaptation to society.

In a sense, these two groups are set in opposition, the sexual instincts striving for independent outlet, the ego instincts moulding them to appropriate and useful social expression. From a fundamental biological consideration, the former serve to ensure the perpetuation of the race, the latter preserve the individual from destruction in the process. Freud's earlier work dealt mainly with the first or sexual ones. This group is made up of a wide variety of factors, but all are reducible, according to him, to a common denominator, which, in the wider sense, is sexual in nature. Psychoanalysis has an energy concept of psychology analogous in a way to the energy concept of physics, and, continuing the parallel, most of the energy manifestations of the psyche are derivatives from one common source, the procreative or sexual energy, the mental aspects of which are designated the "libido." In accordance with this concept, the so-called *libido theory* of Freud was developed as a cen-

tral theme around which the elaborate structure of psychoanalysis has been built up.

If there is criticism of this assumption on the ground that there are included too many unknowns, let it be answered that for a psychologic scheme one must begin somewhere, and such are the limitations of human knowledge that, whatever point be chosen, it is still surrounded by unknowns. The "behaviourists," in an attempt at definiteness, accept nothing in the psychologic realm except what is constructed from the action of environmental stimulus on a plastic organism. But again the inevitable has not been avoided by this objective approach. They, like all other schools, must postulate beyond knowledge. To deny any inherent impetus towards psychological growth and purposeful development implies a no less dogmatic assumption than the opposite, only it is a negative instead of positive. There is gained, to be sure, a theory which does no violation to the logical thought-processes of a mechanistic conception, but the result is a sterile thing which offends the wellnigh universal sense of the significance of the mental life of man. However, whether the fundamental conception of psychoanalytic psychology be true or false, wise or unwise, start it does on the basis of an inner *vis a tergo* or vital force in the nature of sexual instinct or libido. The influences of environment are important, to be sure, but still more so is the unfolding of some program of individual evolution which has its start from within.

Freudian psychology, then, normal and abnormal, is most easily explained by tracing the libido develop-

ment and its vicissitudes. Undifferentiated at birth, the libido goes through an orderly course of evolution from the simple organization of the child to the complex organization of the adult. This libido development manifests itself on two planes: development in relation to *aim*, and development in relation to *object*. Aim development is concerned with the physical organism itself and with the libidinal investment of various bodily systems. At birth the libido is diffusely and somewhat homogeneously attached to body orifices, special senses, skin and musculature (and, indeed, in less evident manner probably to all organ functions), which together are designated as infantile erogenous zones. From then until the age of four years or thereabouts a reorganization takes place in the nature of differentiation and specialization, until the libido investment is drained away from other organs and more and more concentrated in the genitals. There follows a "latency period" extending to the time of puberty, during which the sexual organization from the biological side appears to remain stationary, and development goes on in other aspects of the personality. Freud points out that man, in contrast to other animals, has two periods of sexual development, one before and one after the latency period. At the end of this interlude the reawakened sexual life establishes, so far as aim is concerned, a harmonious organic whole, manifested in the so-called *primacy* of the genital zone with subordinate co-ordination of the other erogenous zones. In the sex life of the adult the aim organization of the libido is illustrated objectively

by the act of coitus. In this consummation of the love relation the genital goal is supported by other preliminary physical contacts—kissing, caressing, looking, and so on.

For various reasons orderly development of the libido in relation to aim does not always occur. *Fixation* may take place at various levels of development, and a too intense libido investment may remain permanently at some of the preliminary stages. More specifically, an undue amount of libido may be anchored to some of the infantile erogenous zones, such as the mouth and others, thus robbing the more normal functions of their growth. There is then discord rather than order among the libido elements, and a unified aim organization is prevented, leaving the individual variously handicapped in the working-out of his love life. In the sexual field proper of adulthood these over-invested partial impulses may come to the surface in full flower with imperative demand and be the basis of what is known as sexual perversions. In a less crude and simple way can often be explained such sexual abnormalities as impotence in men and frigidity in women. On the purely psychic side, where difficulty from similar libido disturbance more commonly shows itself, there may develop neurotic symptoms and other maladjustments. In this connexion Freud has referred to the neuroses as the "negative of the perversions," meaning that nervous symptoms can often be interpreted as a reaction to or defence against an inadequate or distorted libido distribution.

Again it must be emphasized, if one wishes to grasp

clearly Freud's thought, that sex as he uses the term means something more and different from what is usually understood. It is not sexual behaviour and conscious attitudes that he has in mind so much as the psychological preparedness for behaviour and attitude—that is, the subject's inner state of libido development. Crude illustration of nervous symptoms as negatives of the perversions may occasionally be seen, as, for example, in the not uncommon hysterical vomiting, choking, or fear of injury through taking food. This group of symptoms often very thinly covers an over-sexualization of the mouth zone. The sufferer is quite unconscious of his "perverse" inclinations and is only aware of the "negative" which is expressed in the symptoms of fear and disgust. Viewed on the libido scale of development, such a person is nearer the level of the nursing infant than a genitalized adult. In the usual case of nervous disorder, however, there exists no such naïve relation between libido distribution and symptom-formation. On the contrary, involved intermediary steps make the connexion seem remote.

The theory of libido development in relation to object is less schematically simple than that with reference to aim. The brief presentation which follows requires an over-simplification which can hardly be conducive to conviction. It is hoped, however, that it may at least be tentatively accepted and thereby make more clear the discussion of therapy in subsequent chapters. It is evident that some theoretical formulation is necessary in order to think clearly at all. Psychoanalytic investigation has revealed certain hap-

penings during psychological development which can be given form and best explained by the concept of libido activity.

The mother, as dispenser of food and protection, is the first object of emotional interest on the part of the child, which interest Freud conceives as a libido manifestation. The necessary thwarting and rebuffs in training, weaning, and so on throw the child back on himself and for a period the libido is engaged in a self-love called "narcissism." The auto-erotic habits of early childhood—thumb-sucking, genital handling, and others—are physical manifestations of this narcissistically directed libido. The purely egoistic needs of early life must in great part be frustrated and disappointed by the realities of the environment, and the child then turns back to himself for satisfaction. The libido, so to speak, ebbs and flows, according to demand and opportunity. The self-directed libido called narcissism makes up an important factor in the individual's development. Out of it comes the sense of his own importance and gives ground for the self-esteem and the whole series of ego values which are essential if he is to keep his place in life. But man lives in relation to other human beings, not to himself alone, and therefore a great part of the libido must again be directed outward. The goal of object development is to find access to other people on adult rather than infantile libido levels. From "loving" himself, the child appears next to love those like himself, and is then, in psychoanalytic parlance, at a homosexual stage. Actual manifestation of this is often enough seen in the

pre-adolescent boy who scorns girls, hero-worships his leaders, idealizes his mates, and even not so infrequently makes some sexual experiments with them. Finally, in the normal case a heterosexual level is attained when the major current of the libido, more and more differentiated and freed from attachments to self, family, and one's own sex, is directed outward to members of the opposite sex in preliminary attitudes toward later mating.

The much discussed *Œdipus complex*[1] belongs in the field of object relations. The child enters this phase at about the third year and in normal cases works through to a satisfactory solution by the age of five. Meeting this new situation marks an epoch in the libido development. Previously the libido needs of the child of either sex were concerned chiefly with himself and with the mother, whom he only slowly recognized as an object apart. Also before this time the physical manifestations of the libido had been of a *pregenital* nature, perhaps most strikingly illustrated in the infant by the use of the mouth zone in the function of nursing, but including, as already stated, a wide variety of bodily functions. The child is now precipitated into its first social situation with other persons as definite objects to whom he must establish a relationship, on what Freud insists on calling a *genital level*. If by the genital level used in this sense one simply recognizes a stage attained in which sub-

[1]So called from the Greek legend of King Œdipus, who, moved by forces of which he had no knowledge or control, slew his father and married his mother.

ject and object, the I and the thou, are more definitely emphasized than in more infantile states, he may at once avoid any suspicion of juvenile depravity and grasp more nearly what Freud is really talking about.

The Œdipus situation has been designated the nuclear complex of the neuroses, and, by the same token, it may be considered the nuclear complex of health. Simply-presented, these statements imply that the way the child solves his early libido relationships with the parents determines his fitness or unfitness for meeting, later in life, other human relationships and the world of reality in general. The Œdipus situation may be conceived as the original three-sided love relationship made up of child and parents, most of the drama, be it emphasized once again, going on in the unconscious of the young Œdipus—a subjective triangle rather than an objective one. In this experience there occurs the earliest apprenticeship in actual emotional adjustment, and the degree of its success or failure marks a good start or a poor one towards all future human relations.

Using the boy for illustration, the little egoist wishes to monopolize his mother for a love object. Immediately he finds himself in a critical dilemma. He must renounce his need for exclusive monopolization of his mother or find himself in competition with the father. If he holds to the first purpose, he must both wrong the father by usurping his rights and hate him as a rival. From these attitudes spring guilt and fear. Within limits these guilt feelings furnish motive forces towards growth and progress. If too greatly exag-

gerated, however, they may act to crush and distort rather than to build up. At the best there is enough left behind to leave to most individuals a heritage consisting of a vague inner sense of unworthiness. Here perhaps in modern guise is seen a bit of actual foundation for the old religious doctrine of "original sin." The normal child solves this intolerable problem of the actual situation by a constructive renunciation which emancipates him from a complete emotional attachment to the mother and permits him to go forward to new ends. He gives up the actual parents and constructs new ideals, which in a sense take their place. The father ideal furnishes the goal of manliness and masculinity towards which he strives. The mother ideal supplies him with the vision of a love object which he may freely seek; both act as guiding principles which lead him towards maturity.

Other less fortunate children, unable actually to renounce the Œdipus situation and form from it new ideals, are forced to some unsatisfactory and compromise solution. This results in an imperfect orientation of their libidinal make-up, adequate perhaps for the remainder of childhood, but insufficient to give them the necessary freedom for adolescent and adult adjustments. More technically speaking, libido *fixation* may occur at any stage of object relation in a manner akin to those in relation to libido aim, and form in a similar way the basis for later neurosis or other abnormality. Finally, let it once more be recalled that most of this subjective drama of the emotional life, well named by somebody the "family

romance," goes on quite outside awareness, and often enough gives little or no surface evidence of its existence.

Freud divides the sexual development of human beings into three periods, thereby contrasting it with the lower animals, where everything goes on in one process. The first, or period of infantile sexuality, includes the early years up to the fourth or fifth, during which time the libido evolution, with reference to *aim* and *object* organization, is worked out as heretofore described. Most of the elaborate changes in development going on during this time, both physical and mental, take place, so to speak, inside the borders of the child's own personality. In other words, where this development goes on successfully, there is little to show what is occurring from anything which may be observed in behaviour or relationship with other people.

The second, or *latency* period, extends from the fifth year to the onset of puberty. During this time the libido organization, adequate or inadequate, remains relatively quiescent, and development goes on in other fields. These years of growth and training result in the piling up of social inhibitions to control and direct the instinct life when it is once more set free at puberty. This does not mean that the child will fail to respond if the direction of his interests is turned by environmental influence towards sexual matters in the ordinary sense, but he is not so spontaneously concerned and the whole subject—the mysteries of marriage, conception, birth, and so on—gains new ob-

jective values. The more it has been possible by wise guidance to prevent mental attitudes of perplexity, fascination, unsatisfied curiosity, sinfulness, etc., the more does the topic of sex assume for the child an undistorted and proportionate place in the scheme of his life. The third period, that of adult sexuality, sets in at puberty, and flowers during adolescence. At this time the onset of physical maturity gives enormous impetus to the sexual instincts, which, as it were, find direct outlet to the external world through strong genital cravings. On the mental side sexual problems take on a new import because they are from this time directly and specially involved with other persons.

At puberty the impulses and object relations of a child's early years become reanimated, and amongst them the emotional ties of his Œdipus complex. The sexual life of puberty is a struggle between the impulses of early years and the inhibitions of the latency period.[1]

To those unfamiliar with the data of psychoanalytic findings, the theory of libido development, with its implications of infantile sexuality, often sounds like the flimsiest vagaries of phantasy, or the pseudo-science of an ancient alchemy. It still further strains credulity to find that all these extraordinary proceedings of the libido go on outside the consciousness, and that until recently little has been directly observed in the behaviour of children to substantiate these hypotheses, which are formulated instead as a reconstruction of the past from the study of the mental life

[1]Freud: *An Autobiographical Study*, page 248.

of neurotic adults. However, theorizing is no new procedure in the progress of knowledge, and demands no justification in itself. Psychoanalytic study of the human mind brings forth seemingly unequivocal data completely overlooked by former methods of investigation. Psychoanalytic theories have been established in order to give working concepts for the interpretation and understanding of these findings. There is no reason to believe that these theories are complete or final. In fact, except in a few fundamentals, there have been continuous changes and developments since the beginning. Substitute theories that will explain facts as well and be as useful in understanding and in therapy are always in order. The nature of the subject makes difficult or impossible the experimental confirmation demanded by strict scientific method. It may well be that many of the problems of mental life must always remain in the realm of philosophy rather than of science.

Psychoanalysis as a system of psychology has an important bearing on many of the biological and social sciences. Of more immediate interest to most people is the application of its theory and practice to the problem of the neuroses. As has been stated, nervous illness is explained by Freud in accordance with the libido theory. For a person to adjust himself to life harmoniously and live at peace with himself and the world an appropriate socialization of his instincts is essential. In psychoanalytic terminology, psychological health requires that the ego shall be in control of the libido. "A person only falls ill of a neurosis

when the ego loses its capacity to deal in some way with the libido."[1]

It is to be noted that Freud's neglect of the organic side in psychology and psychopathology is not due to repudiation of its theoretical existence. In his writings he refers frequently in passing to the probable structural and organic background of all psychic life; and, in fact, a psychology of the instincts, such as psychoanalysis, has implicit within it an organic structural foundation. Freud's emphasis on the purely mental features results from the practical and adequate reason that an undesirable confusion is thereby avoided. A psychology which carries with it both mental and physical concepts furnishes the irresistible temptation to leap nimbly back and forth between the two whenever obstacles appear across the path, and there is no coming to grips in either quarter. On this general matter Freud states:

> We must recollect that all our provisional ideas in psychology will some day be placed on an organic substratum. This makes it probable that special substances and special chemical processes control the operation of sexuality and provide for the continuation of the individual life in that of the species. We take this probability into account when we substitute special forces in the mind for special chemical substances.[2]

At the present stage of scientific knowledge, Freud agrees with other members of the "functional" school

[1]Freud: *Introductory Lectures,* page 323.

[2]*Collected Papers,* Vol. IV, page 36.

that to bring in a hypothetical organic physiology and pathology to explain mental processes complicates theory and retards progress, with little return in the way of compensatory gain.

At this point let us from a broader philosophical standpoint sum up the psychology of Freud, accepting it as a structure erected upon the libido theory. So conceived, it must be considered to be biological, materialistic, deterministic, and, it is impossible to avoid adding, pessimistic. However sound and satisfactory the libido theory may appear at the start, in the logical outcome of its unfolding there is something earthly and a bit ugly at which the soul of man rebels. It sets rigid and unwelcome limitations to the significance of mankind in the scheme of things. If literally accepted, it would seem in some way to discourage those aspirations for a higher life and that inner sense of human nobility and freedom which are behind spiritual values. In view of these things are understandable the rather widespread restiveness and rebellion at the broader implications of the libido theory even on the part of many who readily accept its enormous contributions in the field of psychology. There are needs of the human mind which the libido theory cannot satisfy on the one hand, nor on the other explain away as illusions or resistances.

Happily, developments within psychoanalysis itself are apparently going to solve these perplexities. In the earlier days of the new psychology the philosophical crisis arising from the extension of psychoanalytic

theory was not so apparent, for obvious reasons. Freud and his associates were absorbed in the practical matter of understanding and treating nervous diseases. Theirs was an empirical study; as facts were established, clinical application was made of them, and working theories to explain them were formulated. The wider significance of these findings and formulations concerned these men as little as it does the physicist who studies in his laboratory the forces of the inanimate world. More recently, as the broader meaning of the contributions of psychoanalytic psychology became manifest, a new growth and direction in interest and theory have solved any dilemma of repudiation on the one hand or pessimism on the other. This new field concerns the so-called ego psychology, in contrast to the libido psychology, the latter identified with the instinct life. The distinction between the two fields is fundamentally not so sharp as might appear on the surface. But, for all that, the student who is more the humanist than the laboratory scientist finds a new and more satisfying orientation.

Ego psychology emphasizes that part of the human personality which represses, as distinguished from that which is repressed. In contrast to the libidinal instinctive trends, which still remain the dynamic source of mental activity, the social and ethical forces of inhibition, modification, and control are given more consideration. It is seen that man is a moral being as well as an instinctual being. He is guided and ruled by something more than compulsion from outside, in that he builds up inevitably within himself ideals and

"inner monitors" which are the origin as well as the reflection of the *mores* and conventions which surround him.

If one may be permitted the use of a "moral" scale by which to measure a man, where libido psychology showed that he was worse than he realized, ego psychology has come to the rescue by revealing that he is far better than he dreamed. Turning once more to the neuroses, it seems that often a patient is a sufferer from "hypermorality" rather than from any overintensity or perversion of his instincts, and the problem for solution belongs more to the ego than to the libido.

In the light of this later ego doctrine, sexuality assumes a new relative position. It is looked upon more as manifestation than as cause, perhaps the most important and central phase of human psychology and certainly a standard of measurement for psychological health or illness. According to these views, Freud's axiom that "with a normal sex life there can be no neurosis" might be changed to *a normal sex life is an index which marks the absence of a neurosis.*

On the matter of the moral and spiritual features of mankind Freud comments as follows:

> Psychoanalysis has been reproached time after time with ignoring the higher moral, spiritual side of human nature. The reproach is doubly unjust both historically and methodologically. For in the first place we have from the very beginning attributed the function of instigating repression to the moral and æsthetic tendencies in the ego . . . but now that we have embarked upon the analysis of

the ego, we can give an answer to all those whose moral sense has been shocked and who have complained that these must surely be a higher nature in man. "Very true," we can say, "and here we have that higher nature, in this ego-ideal or super-ego, the representative of our relation to our parents. When we were little children, we knew these higher natures, we admired them and feared them; and later we took them into ourselves."[1]

[1] *The Ego and the Id*, pages 46–7.

CHAPTER VI

The Psychoanalytic Method of Treatment

The subject of treatment can best be discussed from the standpoint of principles and of technique. The fundamental principle of procedure in psychoanalysis is to take the patient back mentally to the source of his unsolved conflicts, activate the factors once again, and aid in a new and better solution. This backward journey is carried out simultaneously in two ways. First, intellectually, by means of a reconstruction of the past through memory; and second, emotionally, by the actual experience of the analysis itself. The first means referred to is more important so far as the research side of mental study is concerned, but the second has a much greater significance in therapy.

The intellectual reconstruction of the past includes a searching autobiographical review of the whole life-history. Often no material not already available to the patient is brought to light. In other cases, notably the hysterical group, the horizon of recollection is markedly extended, and many wholly forgotten incidents and attitudes appear, reaching back to very early child-

hood. In either case the whole matter of life experiences and influences are newly evaluated. In addition to the conscious autobiographical study it appears possible, by inference and indirection, to get at much of the unconscious mental past which is wholly inaccessible to ordinary means of investigation. This material includes in particular the Œdipus situation and the various patterns of reaction laid down in childhood by the family relationships in general, anomalies of which form the basis of the psychoneuroses.

The emotional experience of the analysis, the second means for reaching the source of old and unsolved conflicts, will be treated under the topic of *transference.*

The technique of psychoanalytic therapy is characterized by five features: (1) the physician maintains a relatively passive role; (2) the emotional relation between patient and physician called *transference* is put to systematic and special use; (3) a type of thinking called *free association* is taught the subject and used as the main method by which he reveals the deeper content of his mind; (4) a distinctive and important use is made of dreams; (5) a minimum of attention is paid to the special symptoms which bring the patient for treatment. In contrast, consideration is given to the patient's personality as a whole, and study is directed towards the basic mental organization where lie the real difficulties of which the symptoms are merely the surface expression.

Each of these five features may well be considered in turn. It should be kept in mind that in both the outline and the discussion statements are over-simplified for

clearness and need to be interpreted somewhat relatively.

1. *Passive Role*

The part played by the analyst is quite in contrast to that of the guide, philosopher, and friend of traditional psychotherapy. He in no way intrudes into the external life and circumstances of the subject. He gives no advice and neither criticizes nor condones, praises nor blames. The analyst's personal affairs, his tastes, views, and philosophy of life are kept strictly in the background. His work is limited solely to assisting the patient in an interpretation of his own thoughts and feelings which arise during the course of the analytical hour. The physical arrangements in the office support the passive role of the analyst. The patient usually lies on a couch, the analyst being seated behind and out of sight. Social relations are kept at a minimum. There is no casual conversation on matters outside the analysis. At the end of a long course of treatment, with all its intimacy, a subject often knows less of the personal life of the physician than he might of a new acquaintance after a brief chat. The whole procedure bears little of the nature of a discussion. It is much more a monologue by the subject, who talks of whatever comes to mind; in other words, the subject thinks out loud. The analyst may offer interpretations from time to time, or he may remain silent for the whole hour. Periods of complete silence may intervene, when the patient has no articulate thoughts or is reluctant to talk. The an-

alyst is unconcerned and can wait. The subject does the work. He carries out a personality study of himself. It is impossible for him to do this alone, and the analyst is there to assist. There is little of the teacher-student relation. Rather, the situation consists in two people's studying a single problem—the mind of one of them—and they are interested only in one thing—the real truth of that mind which lies behind the ordinary disguise of everyday life.

2. *Transference*

In all successful psychotherapy, as, in fact, in most medical treatment, a very special emotional relationship exists between physician and patient, which is known as "rapport." This rapport is by no means confined to medicine, but exists in all close relations, such as may occur between teacher and pupil, leader and follower. Without it none of these relationships are deeply significant. When rapport is present in psychotherapy, immense power is given to the physician—sufficiently so that patients are helped or cured quite independently of special method. From the beginning of the healing art this power has been used to relieve symptoms, to inspire courage, to support renunciations, and to aid in bearing burdens. Much of the time effects have been gained without the physician's being aware of the power he was wielding. The blindness to the meaning of rapport on the part of the medical profession has been nothing short of extraordinary. The force which it represents has been better grasped by the quack

healer, who knows that by it he can influence people quite regardless of the worth of his professed agency of cure. Certain medical men have seen fit to disparage the rapport feature in therapy as unscientific and savouring of chicanery; others appear to fear it as dangerous; and still others exalt some special method of treatment, quite oblivious to the existence of the rapport element which gives it life. If it were necessary to choose between method and rapport in psychotherapy, there is little question that the latter would be the more useful agency.

If psychoanalysis had done nothing more in a practical way than to make its contribution to the subject of rapport, designated by Freud "transference," it would have well justified itself. The attempt has been made by psychoanalysis to study and standardize these important and powerful phenomena of transference, to harness them, so to speak, and make them available in a systematic and controlled way for psychotherapy. To be sure, no one knows what rapport consists in. No wonder the scientific world is shy! There is magic and mystery in it. Its absence leaves words of logic and wisdom fruitless and sterile. Its presence may make these same words potent for influence. Personality with a capital P is the word popularly applied to the special mysterious something in the physician which makes possible the easy establishment of rapport. Accompanying this term is often the implication of the dynamic, authoritative, and dominant person who is always the leader in any field of activity. In the transference situation of analysis, it has been shown, no special type of

personality is essential to gain rapport. The quiet, less assertive individual seems as well able to play the part as his more robust-minded brother. Apparently what the neurotic person longs for is understanding, and when he finds it in a professional relationship, a satisfactory rapport can be easily enough established, either with or without the sense of leaning on a master mind.

In much of the usual psychotherapy a permanent relation tends to be established. The patient orients his life towards the physician, and looks to him for inspiration and guidance. The rapport connexion remains a permanent one, even if direct contact is rare. Janet refers to the physician's part in this relation as "directorship." We all know people who are directed in such a way by a physician or someone in another capacity. This is often a necessary and perfectly good arrangement, but it is not the method of psychoanalysis. In psychoanalysis the power of rapport is employed in a different and special way. It is not used to guide the patient or immediately to affect his symptoms. It is directed towards enabling him to carry out a study of his own mental life.

The first step in this process is to bring to the surface trains of thought ordinarily automatically repressed, which bear strong and painful effect. Special timidities, fears, disloyalties, aversions, and so on, jealously guarded by the neurotic even from himself in real life, are given immense relief by this ventilation. The patient, so sensitive towards criticism or disapproval, is comforted by finding in the physician one who accepts without appraisal and shows equal interest and toler-

ance for the strong features and the weak, the good and the bad. The patient learns that, after all, he may not be so different from other people. His inferiority is lightened; he feels hope, and his attitude towards the analysis is that at last he has found what he has been looking for —someone to understand him. This long-sought-for goal he thoroughly believes to consist in recovery from his illness. As a matter of fact, it is much more a justification without conflict of his present level of adjustment for which he strives, and the knotty problem in therapy is to substitute for this latter palliative procedure a more constructive reorganization of function. In any case, this preliminary stage binds the subject still more firmly in the analytic situation.

As a second step he begins to experience rather than remember his past—that is, certain parts of the past become reanimated and he lives them over again. With this what Freud chooses to call a "transference neurosis" develops, which means that for the time being the subject shifts some of his conflicts and difficulties from the problems of the past and of his usual world to the analytic relationship. The matter of the transference situation in analysis is difficult to describe, but not so difficult to experience either as subject or as analyst. Freud speaks of the "general tendency of human beings to transfer," meaning that all men have a need for understanding, sympathy, support, and so on, which is never wholly fulfilled in ordinary human relationships, with the result that there is a constant reaching out for more complete satisfaction. This universal need and longing furnish, no doubt, a foundation for much of

the religious tendency of mankind. Whatever the case may be with normal individuals, it is plain that the neurotic tends strongly to transfer. He brings into all his contacts with people childish and undeveloped emotional needs and strivings carried over from the past, which are doomed to be thwarted and violated in a normal adult world. Even if these needs, egocentric as they are, were in themselves capable of satisfaction, the fact that he must deal with other people, each with his or her own special demands, and perhaps no better prepared than the patient himself, spells continual disappointment. Furthermore, these arrested emotional trends of the neurotic are by their very nature conflicting and incompatible. There is lacking the unity and integration of the normal personality; what satisfies one part violates another, and he is forced to a continual state of repression, inhibition, control, and compromise. This conflict of demand may be illustrated by the not unfamiliar type of neurotic who longs to find in all his contacts with those in authority the image of the protective father upon whom he can lean. Actually in such relationships his own independence and manliness rise in protest at the subjugation which he creates for himself, and on the surface his final attitude may be more that of defiance than dependence. The neurotic is for the most part unaware of these conflicting inner trends. He only knows that he feels isolated in a world of people and suffers from symptoms and dissatisfaction.

The analytical situation developing during the analysis is to a certain extent artificially constructed to make it possible to bring up into the open these un-

developed, inadequate, and conflicting needs in a way that cannot be accomplished elsewhere. The analysis is a one-sided relationship, in marked contrast with those of the real world of daily living, or, for that matter, of the ordinary professional relationship. This one-sidedness permits the subject to set aside the usual social veneer of his mental life and to come, for the time being, nearer to the real self underlying the everyday official personality. For the first time in his life he can reanimate his childhood without fear of external criticism. Freed from the necessity for artifice and control, he repeats the past in phantasies and attitudes in the analysis. Instead of recalling old patterns of reaction, he relives them during the analytic sessions. From this experience a patient, suitably selected, is enabled to see himself as he really is—to realize the inadequacy of his emotional preparation for adult living and to grasp the impossibility of satisfying some of his demands. By means of this combination of experiencing and understanding he is able to revise in terms of adulthood some of his infantile strivings and to dismiss in the light of adult knowledge his crushing internal verdicts on crimes of infantile imagination. The analysis gives him the opportunity for something of a laboratory sampling of his whole life plan, expressed in words instead of action and quite free and apart from the need of maintaining responsibility and control, which in ordinary living he dare not relax. The analyst acts in this laboratory setting less as an individual than as a composite phantom figure of the childhood past, in its family setting, and towards this figure are reactivated

all the main relationships which have played a formative part in the patient's life.

Not all of this is seen as clearly as outlined above, either by subject or analyst. Part of it appears distinctly in conscious awareness and in actual emotional reactions directed towards the analyst. Much of it goes on beneath the surface and is only grasped by indirection through dreams and so on. In other words, the transference relation exists both consciously and unconsciously, and, like other relations of real life, at times the two attitudes are in accord and at times diametrically opposed. The ambivalent and ununified emotional life of the neurotic is revealed in transference with its positive and negative features. On the one side are need, dependence, and a reaching out; on the other are withdrawal, hostility, and resentment. One side or the other only may be seen on the surface, but the opposite is usually active on deeper levels. Over and over in this analytic experience patients relive and thereby reveal important parent-child or other early relationships, left unsolved, buried in the unconscious, and carried over to adulthood, to condition all later reactions with people. Thus is accomplished by a controlled experiment in actual living what would defy an understanding by objective study and intellectual approach. Put in another way, each individual during his psychic growth constructs patterns of emotional response which comprise his equipment for adaptation to the situations which will confront him. If these patterns of reaction are adequate, he has no need of analysis. If they are badly formed or insufficient, then analysis is

one means for searching them out and reconstructing them. The patient brings these patterns to the analytic situation as to all other human relationships. There as in no other place they can be seen clearly, their inadequacy can be recognized fully, and the opportunity to modify them to a more useful type is made uniquely available.

Part of the analyst's training is to be emotionally untouched himself by this transference relation. Otherwise it becomes a human problem for the patient, like any other, and the deeper revelation sought for is defeated. The analyst must be as immune to criticism, hostility, and even insult, on the one hand, as to deification or adoration on the other. In analysis all these attitudes are reflections of deeper complex motives and sources which the analyst patiently and steadfastly seeks to uncover. He recognizes full well that it is less as an individual than as a symbol and substitute that he is functioning. He is permitting himself, as it were, to be used as a foil, in order that the patient may thereby get in deeper touch with his own mental life. The analyst's passivity and refusal to enter into any reality relationships, even to the extent of a friendly argument, enable the patient to arrive at a convincing emotional realization of the persistent infantile tendencies responsible for his neurosis.

It is not so difficult to establish a transference. If the patient continues the treatment, he does that of his own accord. To do away with the transference is a more difficult but equally important procedure. The analysis is not complete until the patient has freed him-

self from the transference situation—that is, until he has given up the analyst as an object of very special significance in his own emotional life. In a sense, it may be said that the goal of the analysis is to teach the patient to build up a relationship with the analyst on an adult rather than on an infantile plane. This accomplished, he can go back to the ordinary world of men better prepared to carry on the same level in other human contacts.

3. *Free Association*

Free association is a method of thinking in marked distinction to that ordinarily carried on, even in the most idle phantasy or day-dreaming. In ordinary thinking there is a constant automatic tendency to eliminate the unpleasant or difficult. This is not always possible, so that often enough painful lines of thought take possession of the mind. Frequently this reaches obsessional intensity, and a train of futile and unpleasant thinking repeats itself indefinitely. In free association the subject is encouraged to permit his mind to be passive and undirected, and in this state to put into words as well as he can the thoughts, pictures, and feelings that drift through. It is emphasized that everything belongs in the analysis, no matter how disconnected, irrelevant, trivial, personal, or unpleasant. This procedure, of course, requires the complete co-operation of the patient, and the ability to acquire competence differs markedly. Most subjects can gain a sufficient degree of proficiency to make the method a practical one. In the

familiar word-association tests Jung has attempted to standardize the free-association method. This special application has found a useful place in experimental psychology, although at present less often employed in ordinary clinical procedure.

Criticism has been offered that free association in analysis is not free, but is determined by special conditions, including the personality of the analyst. This criticism is no doubt sound, but, free or not, the method described enables the individual to go deep into his own mind. The term "free association" remains, if one pleases, as a convenient misnomer to designate a special process. It is found that wherever the starting-point may be, free association progresses finally towards the fundamental problems of the maladjusted person, which, as a rule, lie far too deep to be available by any direct approach. The routes of free association are circuitous, with wide detours and frequent retracing of steps, but always, if persisted in, they lead in the direction of the problems sought.

Without some experience in free association, one is unaware of the lack of freedom in the usual thinking, to say nothing of talking. As an illustration may be used the attitude of an individual towards a friend, even if the occasion for such an analysis is difficult to imagine. The conscious attitude is one of interest, affection, and loyalty, but this is the final integration of many elements which go to make up a whole. Some of these elements are probably quite at variance with the final common path of friendship. Jealousies, malice, distrust, and resentment may have a place, though not important

enough to offset the stronger and more desirable feelings. Ordinary thinking tries to dismiss and eliminate these discordant notes. Free association tends to bring them up to the surface.

A natural question arises as to why there should be any attempt to unearth underlying partial and discarded components of mental attitudes. The answer is that no reason exists save one—namely, that such disharmonious trends are the cause of neurotic or other difficulty, and in such case there is a good chance that they can be handled better if made conscious and brought into the open than if left buried alive in the depths of the mind. That the inevitable goal of free associative thinking should be some phase of the most important life problems seems clear enough. Certainly it is true with the more obvious problems of external life. If a man had recently suffered financial disaster and was asked to be quite passive mentally and to think of the North Pole or some other neutral matter, it would not be long in his associations before his misfortunes came to mind. Perhaps it is only a difference in degree from what is seen when the thoughts of a neurotic, wherever they start, drift towards some manifestation of the repressed, unconscious, unsolved psychic aftermath of infantile conflict, which is his real problem of to-day. It proves to be a fact that thoughts in free association, however disconnected and unimportant they may seem to be, are joined together by threads of connexion located in the unconscious mind, which give bias and direction. By this method sooner or later deeper layers of mental functioning are progressively revealed.

4. *The Use of Dreams*

The subject of the meaning of dreams and their use in psychoanalytic therapy need be discussed here but briefly. Suffice it to say here that according to the Freudian theory dreams are a more direct expression of the unconscious mental life than are any other psychic phenomena. This expression is in symbolic form, for the purpose both of condensing material and of protecting the dreamer from conscious recognition of certain repressed mental processes set free in the dream, which would be disturbing in one way or another if undisguised. Based on this relationship to the unconscious, dreams prove to offer a more direct access to the deeper levels than do other manifestations of a subject's mental life. They may be used in two ways, either as a starting-point for the free associative method of thought, or, by direct interpretation of the dream, to reveal the unconscious mental states behind it. Interpretation of dreams is a somewhat risky procedure, in that it is hard to draw a fast line between sound fact and specious fancy. It is no doubt true that there are many levels for meanings of dreams, and that they can best be interpreted by taking into account their relation to the whole problem which is being studied. Certain types of dreams and simple standard symbolization are possibly exceptions to this rule, and the significance of such dreams is fairly generally accepted except where the Freudian dream theory is repudiated altogether. Free association in relation to

dream elements appears to give the method the advantage of a short cut in analytical procedure. As a rule, neurotic patients have dreams, but occasionally there is an exception. In such event the analysis has to go on without this advantageous material. This usually offers something of a handicap, but in no way prohibits a successful analysis. At the present day the use of dreams for diagnostic and therapeutic purposes is by no means confined to psychoanalysis and is emphasized in some degree by modern psychiatry in general.

5. *Management of Symptoms*

Naturally, the patient's mind is at first full of his own symptoms and more acute problems. Analysis, to a considerable extent, must ignore them. It has as its object something more than and different from direct relief from symptoms, good as such treatment may be in certain cases. It is assumed, of course, that analysts employ common sense as well as special method, and there may be exceptions to rule. It is taken for granted, also, that before analysis is undertaken, organic basis for physical symptoms is eliminated by competent medical study, and that there is no crisis in the external circumstances of the patient's life which cannot wait for settlement until the analysis is over.

Usually the lack of comment on the part of the analyst leads the patient to drift away from the subject of symptoms. It seems that for the most part it takes two to keep a topic going. If nothing else comes to the patient's mind, his annoyance, perplexity, or

grievance at the analyst's attitude is made manifest and a new line of thought is started. Occasionally symptoms are so intrusive and monopolize the mind so completely that they cannot be ignored. If these are physical matters, the patient is referred to a medical colleague. If there is need for advice in matters of daily life, some other outsider can best be turned to. It is well that both have some sympathetic view-point towards the analysis. With the responsibility of these matters shifted to others, the analysis can then proceed. Symptoms and current problems are of interest chiefly as they bear on the patient's personality organization as a whole, with its conflicts and difficulties revealed by reactions in the analytical situation.

The following example will illustrate both the matter of free association and the management of distressing symptoms which obstruct analysis: A young man had been under analysis for a severe anxiety neurosis. Among his symptoms was a fear that pieces of food or glass would become lodged in his throat. This phobia led to all sorts of food prohibitions and the necessity for repeated daily reassurance from family and physicians. On principle, the analyst declined to give special attention to these symptoms, leaving the patient quite free to turn to his former sources of support. In spite of this arrangement, these symptoms so filled his mind that no other material was available. Hour after hour he manœuvred to get the analyst to take the role of authority and to reassure him. His distress was no less acute on account of complete insight into the lack of basis for his fear and a realization that the analysis

was being obstructed. One interview was discontinued, and at the analyst's suggestion the patient went rather shamefacedly to consult a laryngologist. During this examination he was able to see the humour of having his throat looked into for something he knew quite well was not there. At the next hour of analysis the patient discouragedly announced, after a period of silence, that all he could think of was that a peanut was stuck in his throat. He was asked to let his mind be passive and to continue to think of his throat. Immediately a scene from his childhood was recalled. He had entered his parents' bedroom when both of them were scantily clad; his father reproved him sharply, and the boy felt anger and resentment. This long-forgotten scene coming to mind in such connexion caused the young man astonishment. The throat symptom was lost sight of for the time and he talked of other events of his boyhood. The relation between the throat phobia and the family emotional drama of childhood illustrated by this bedroom scene later became clear enough—during this interview the two topics were joined by a thread of free association on account of the common element of anxiety. The anxiety had its roots of origin in the deep mental conflict resulting from an unsolved Œdipus problem. By devious routes it had reached the surface and become *displaced* on to the throat symptoms. During the analysis the underlying causal situation gradually came nearer to consciousness. The incident of free association resulted from a reversal of dynamics—that is, the anxiety was

shifted back again away from the symptom towards its real source. It should hardly be necessary to add that this simple illustration furnishes but a hint rather than any complete explanation of the problem of anxiety in neurosis.

CHAPTER VII

Further Discussion of Psychoanalytic Treatment

In dealing with a nervous illness one is faced with the strange and paradoxical fact that the patient clings to his neurosis as though he did not wish to get well. He suffers, often enough he complains bitterly, and he is unhappy. He sacrifices time and money for treatment. He longs for health and freedom, and protests his willingness to make every effort, yet unmistakably he defends himself adroitly against therapeutic influence and holds to his symptoms as though they were something precious. This instinctive opposition to medical aid is called *resistance* by psychoanalysts. The novice in psychotherapy is apt to be much annoyed by the phenomenon of resistance. The patient does not want to be helped? Very well—tell him in no uncertain terms what you think of him and give up the case.

More careful consideration of the nature of nervous disorders makes less puzzling the resistance which is set up against therapeutic attempts. A neurotic illness is no accident. It marks the failure to stand up before the demands of life as the direct consequence of inadequate psychological preparedness. The normal man

has worked out the best plan of mental organization that he can in order to avoid pain and achieve satisfaction. For the most part he knows and cares little about his inner mental life. The whole thing operates with as little relation to consciousness as does the digestion of a healthy boy. But somewhere the normal man has a useful scheme of values, emotional needs capable of satisfaction in a grown-up world, and some workable philosophy of life.

After all, in general policy the neurotic has done no differently from other men. He, too, has constructed his scheme of life to avoid pain and achieve satisfaction. The fact that this scheme has broken down makes it no less his own, the best under all the circumstances that he could do for himself, and it seems to him the lesser of two evils when compared with any alternative. Consciously, he recognizes his difficulties and is ready to change. Unconsciously, he holds with might and main to the *status quo*. To be asked to let down repressions which have been so painstakingly built up to hold an undeveloped emotional life in control strikes panic to his soul. It seems to him far safer to hold to the evils that he has than to fly to those he knows not of.

Something akin to that described above is, in a general way, the main theme in resistance. Many other secondary factors enter in. For example, there is the so-called "gain from illness," where symptoms appear to gratify impulse needs substitutively even though at the same time they cause distress in other ways. Also the transference situation itself produces a special and stubborn resistance in the nature of an attempt to find

in this new relationship a comfortable and protected existence, which is threatened by recovery. In this case a ready compliance with the analysis may obscure from both patient and physician the underlying situation. At times the resistance is so unyielding that there is little chance of breaking through. This is true in paranoid states and the major hypochondriases and, in lesser degree, applies to some obsessional neuroses. In other cases the gain from illness is too practical and obvious to be lightly set aside. This is evident in that type of neurotic who, by his symptoms, has acquired special privilege and freedom from obligation. Appropriately chosen cases for analysis must be those less rigidly organized than the paranoid and with more robust qualities of personality than the one who is a neurotic for special privilege. With these the central point of the analytic art is to break down resistances. Resistances rather than "complexes" are what the analysis is ever seeking to discover. Just so far as these can be removed is it possible to get at and modify the underlying psychic states from which spring the roots of the neurosis.

Resistance, therefore, is always present in analysis. If none is evident, then beware! It is operating under some new and unrecognized disguise. Neurotics, like other people, are very much alike, and there are many standard manifestations of resistance. Some of the more familiar are exaggerated criticism and scepticism of the analysis, based on something other than the merits or demerits of the case. Plain boredom at the tediousness of the process is not uncommon. As already noted,

physical symptoms may intrude themselves so forcefully into the patient's mind that there is no room for other material. Depression or anxiety may reach such intensity that no analysis is possible till some relief is forthcoming. Often the patient ingeniously attempts to intellectualize the analysis, to lift it to the level of objective discussion; or he tries to turn the tables and analyse the analyst. Again, he may suddenly cease dreaming, or on the other hand bring such a confusion of dreams that the very mass of them defies analytic consideration. One adroit bit of super-resistance is rapid recovery. The patient feels quite well again. He is interested and appreciative of the analysis, he will recommend it to his friends—but there is no need of continuing in his own case. Selective amnesias of all sorts occur—material or interpretations of special significance are repeatedly forgotten in a way difficult to credit without actual experience. The use of wit to avoid direct issues is not unfamiliar. In the matter of free association resistance may show itself by complete inability on the one hand, or on the other by endless and footless rambling in self-indulgent phantasy.

Resistance brings analytic procedure to repeated states of stagnation. Occasionally there is no passing by, and the analysis must be discontinued. More often with a suitable patient, the analyst is able to point out resistance, and if this explanation is in any way accepted, the deadlock relaxes and the analysis proceeds, the patient falling back, as it were, to still other positions of resistance, where the same process of overcoming must be repeated. At times the analyst, from

his experience and in his detached position, sees these points of resistance clearly; at others he, like the patient, is groping forward for a period in the dark.

These barriers of resistance which must be one by one removed are present in every analysis and at times stand out with extraordinary clearness and naïveté. A young woman sought treatment after many years of unexplained chronic invalidism, plus a distressing self-consciousness and sense of inferiority. She had by no means surrendered wholly to her difficulties and made repeated attempts to take a normal part in life, always resulting in failure and new disappointment. Resistance to the analysis was obvious and profound. She was sensitive to the slightest questioning as to a possible psychological basis for her symptoms. Comment by the analyst for the most part seemed to her like criticism, while she was equally intolerant of attitudes which could be construed as sympathetic. At first she was antagonistic to analytical procedure in general—free association was "silly," what came to her mind in such a way was "unimportant"—the whole thing was "much ado about nothing."

Now, if this had been her whole reaction, of course she would not have continued to keep her appointments and persist in the treatment. Something more of interest and hope was present than showed on the surface. After a time it was revealed that she was continually fearful of breaking down and crying in the presence of the analyst or of appearing to desire sympathy, both of which situations seemed equally unendurable. This fear at first was as unknown to the patient as of course

it was to the analyst. It was completely obscured behind her critical view-point of "much ado about nothing." A little later it became evident that if she let her mind take its course in free association, her thoughts inevitably turned towards her father, whose weaknesses, foibles, and dominance had been an ever present and determining influence. These thoughts brought swift self-punishment in a sense of disloyalty and guilt, from which she had been protecting herself by the "much ado about nothing" and the dread of weeping in the analysis. Still later in connexion with the father topic she became aware of vigorous feelings of hatred at what she felt was his interference with her life, feelings buried by other attitudes and of which she had never before been really conscious. And so the patient continued in the analysis, removing, so to speak, layer after layer of resistance, becoming gradually able to face each uncovered attitude with less conflict and distress, and moving on to another with repetition of the whole process, but with each step a little nearer to the realization and acceptance of her real self, until then hidden deep behind the rigid barriers of a defence neurosis.

The physician cannot accomplish for his patients this removal of resistances. He can only help make it possible for them to do it themselves. In the consideration of resistance there is one important error to be avoided. It would be a great mistake to see in resistance simply an unwelcome obstacle across the path of progress towards health—a kind of stubborn negativism towards being guided in the direction one should go.

There is another side to resistance. There is vigour and self-assertiveness in it which can by no means be dismissed as undesirable. Best stated, it may perhaps be said that the motive behind resistance is good, and the ill effects are to be considered more in the nature of misdirection of a tendency to independence than as a manifestation of weakness and defect. The vigour of resistance, like that of the original repression of which in a sense it is the current equivalent, marks the individual's attempt at self-determination and at making the best adjustment to life that he can. The aim of therapy, therefore, is not to rob him of this vigour of assertiveness and self-sufficiency, but to make it possible for him to turn it to constructive ends rather than be forced to waste it in evasion and defence against inner dangers, so often more fictitious than real.

During the treatment hours the patient, so far as is possible, gives up self-direction of thought, lets his mind drift, and by means of speech empties its content, so to speak, into the analysis. The analyst listens to this material, subjects it to the test of his own trained mind, objectively related to the problem, and attempts to determine what motives and elements lie behind. The patient complains that the analyst ignores the obvious, is suspicious of everything, and seeks deep and hidden meanings. The charge is true—in the neurotic, things are not what they seem, and it is the business of analysis to question everything. At times meanings are clear, very often they are obscure. Positive interpretation when things are plain, and a questioning attitude when they are obscure, seem to make it possible

for the patient to shed layer after layer of disguise and come nearer and nearer to the real problems of his mental life. Even questioning and hypothesis proved later to be quite off the track apparently do no harm, and in a properly conducted analysis the patient himself sifts the wheat from the chaff.

The detail of analytic technique is changing, and will change much more. Among other things, the single fact that most educated people are informed on psychoanalytic theory has made for revision of method. Formerly a memory reconstruction of life-history and the revealing of formative mental mechanisms took first place. In this causal features of the pathology were given first consideration. Now the emphasis is laid more on the analytic situation compounded of transference and resistance—that is, the emotional experience rather than the intellectual one. The analysis furnishes, as it were, a small edition of the emotional life-history of the subject, the inadequacies of which he learns through actual repetition. It is a truism that one cannot live his life a second time. In some respects an analytic experience seems an exception to this rule. Certain poorly developed features of the emotional life are lived through a second time, and thereby the subject is given another opportunity to do better with them.

A therapeutic analysis takes much time—six months to a year or more of daily interviews is common. It is not difficult to see that the time element is important. The method is educational rather than inspirational or conversional, and education takes time. For practical

reasons, however, everything that short-cuts analytical procedure without sacrifice of accomplishment must be welcomed, and steps have been made in that direction.

The most time-consuming feature of analysis is the bringing back to the patient's memory his early life-history plus its reconstruction and revaluation. This part is of fundamental importance in research analysis, and Freud maintains that it is essential for proper therapy. He states:

> In my own writings and in those of my followers more and more stress is laid upon the necessity of carrying the analyses of neurotics back into the remotest period of their childhood, the time at which sexual life reaches the climax of its early development. It is only by examining the first manifestations of the patient's instinctual constitutions and the effects of his earliest experiences that we can accurately gauge the motive forces that have led to his neurosis and can be secure against the errors into which we might be tempted by the degree to which they have become remodelled and overlaid in adult life.[1]

Diagnostic analysis is often relatively simple. In many cases after a few interviews the analyst grasps some of the more general features of psychopathology involved. This is nothing strange. After all, the main fundamental themes of human life are few, and the general lines of difficulty are much the same. But what the physician knows or thinks helps the patient very little. Some-

[1] "Some Psychological Consequences of the Anatomical Distinction between the Sexes." *International Journal of Psychoanalysis*, Vol. VIII, part 2 (April 1927).

what as in music or the fine arts in general, so in the art of mental adjustments what a second person knows is only of value in helping the other to gain by his own experience. The matter, however simple in theoretical formulation, cannot be imparted by word of mouth.

Finally, then, as to the significance of psychoanalytic treatment, it is the belief of its advocates that the patient is given a unique and carefully worked-out opportunity to change from emotional dependence to emotional independence and to grow from his state of childishness to one nearer adulthood. His personality is organized on an imperfect but rigidly crystallized basis. Analysis is an attempt to reach deep down, to loosen or liquefy this structure, and to make possible thereby a reorganization on a new and better level. Massive experience in real life occasionally accomplishes this same thing. A great love, some deep religious awakening, a sudden demand for duty and sacrifice, or a self-obliterating social movement, such as a "holy" war, may, as it were, lift an individual bodily from his own difficulties and leave him a changed man. Obviously, the mass of neurotic and maladjusted people are not going to be cured by such an accident of circumstance. Analysis is an attempt to accomplish by systematic, standardized, controllable procedure what cannot be well left to the uncertain fate of spontaneous growth.

CHAPTER VIII

Summary of Psychoanalytic Treatment

It seems pertinent at this point to sum up the aim and object of psychoanalytic treatment. The purpose in psychoanalytic therapy is to establish a special emotional relationship between analyst and patient, which for the time being takes an important place in the latter's life. This relationship is called "transference." One may turn for illustration to the absorption of the adolescent in a summer at camp, of the youth in his first year at college, or of the adult in a love-affair. While the part played by an analysis may be much less obvious than these outstanding life experiences, still in a sense it takes for a period a central place in the subject's emotional life. For the neurotic, Freud calls this shifting of interests a transference neurosis. By this he means that difficulties and conflicts, heritage and aftermath of unsolved relationships of childhood, are transferred out of the past into the present. The centre of gravity, so to speak, of the subject's maladjustments is moved from the childhood past to the analytic situation of the present. In a way this same thing occurs in all important relationships of the adult; to friend,

employer, spouse, and so on. The analytical relationship differs simply in that it is so constructed as to make the transference more complete and more transparent.

The analysis is a one-sided affair in the sense that the physician plays a relatively passive and impersonal part, and the reality situation characteristic of other contemporary relationships is at a minimum. The analyst is more a phantom figure than a real person of the present, a composite picture made up of parental images and other earlier human contacts from which the patient has never gained normal emancipation. For this reason, the age, sex, social attributes, and type of personality of the analyst play but a secondary role. Towards this figure of the analyst in the setting of the specially created analytic situation the subject reactivates old patterns of reaction in a manner to become manifest to him as never before, and in favourable cases there results from a combination of desire and necessity a reorganization of his emotional life on a new and better level.

The patient is inadequately equipped emotionally for smooth adaptation in his dealings with his fellow-beings. He has childish needs and strivings, undesirable legacies from the past, which in the better-adjusted person have been resolved and left behind in the process of normal psychological growth. The undeveloped emotional attitudes are brought by the neurotic person to all his human relationships—love, friendship, and business, as well as in wider social fields. In all of these contacts certain of his needs are thwarted and denied.

For the most part the nature of these deprivations is hidden from the individual himself and from the others with whom he deals, but none the less they hamper and complicate his attempts at adjustment. The neurotic constantly craves and seeks for satisfactions which the world of adult reality within or without cannot satisfy, and he is doomed to disappointment, over and over repeated, all the more disturbing because he is unaware of its nature.

The patterns of emotional strivings are brought to light in analysis as they can never be in any other relationship, for reasons obvious enough. A few simple examples will illustrate. Undercurrents of hate which so often complicate for the neurotic his feelings of friendship, love, or admiration must be denied expression in real life, to say nothing of conscious realization, in order to avoid ruining an actual love relation or friendship. In an analysis the goal of self-direction and control is reversed. Instead of a premium on denial and non-realization of negative reactions, they are invited into the open. Irritation or adoration, criticism or flattery, ridicule or affection, can be brought into the analysis without affecting it in any way by the standards of social values. In a manner impossible for a person in any other situation the analyst is emotionally untouched. He recognizes at all times that he is playing chiefly the part of a foil for the patient, as the qualities and traits of the latter's real self, released by the analysis, come out from behind the disguise of the surface personality. The analyst can have neither his feelings hurt nor his self-esteem exalted. He is

only interested in the motive and meanings of attitudes as they are more and more freely disclosed. As another example, the dependent child-parent relationship, the so-called *anaclitic* love needs, also present in the neurotic, would be unbearable to the more independent side of the subject if realized by him in such a relation to chief or employer. In the analysis, however, this over-dependency can be more easily revealed—accepted, if necessary, as part of the game, a means to an end—and not be too much a matter of humiliation.

And so it goes with all the deep-lying, repressed, dimly conscious, or unconscious emotional attitudes of the subject. Gradually in the analysis he sees them spread clearly before him. Gradually and apparently always reluctantly he realizes the impossibility of any straightforward satisfaction in the world of adult reality without change of his demands. Gradually he modifies and discards some of this inadequate material for life and faces the world again after the analysis better equipped than before to adjust himself to things as they are without the need of neurotic compromise.

All this is no easy task. No matter how co-operative and eager for help the neurotic person may be on the surface, there is an underlying inertia and opposition to the mental changes which will make him well. The vigour of this resistance towards recovery brings astonishment and perplexity to the novice in the field of psychotherapy. A deeper understanding, however, makes these phenomena less obscure. Most of the psychic material involved in neurosis exists outside the realm of consciousness and thereby is immune to the

action of choice and self-direction. In fact, it is little affected in any way by logic or reason from without or from within. The psychic organization of the neurotic, with all its defects, has been constructed with a purpose—namely, to avoid pain and to hold fast to satisfactions already gained. It differs from that of the normal only in degree. For some reason, in the childhood unconscious of the neurotic, fear of the future and reluctance to relinquish the seeming peace and security of the present have been more intense and are more determinant of the adult personality. As it stands, the plan of the neurotic's mental life represents the habit of a lifetime and is the result of an inner "conditioning" which gives tenacity and persistence. If from it all there has resulted for the patient conflict and maladjustment, at the same time it seems to him the least of evils as contrasted with alternatives. Less wonder, then, that he clings to his scheme of mental organization, neurosis and all, as though he were threatened with the loss of something precious or as if he were asked to give up security and plunge into a menacing unknown.

In the light of the psychoanalytic conceptions of the problem of neurosis its special method of therapy becomes a systematic procedure established to accomplish certain definite ends: (a) The first is to dislodge and recondition certain inadequate and handicapping features of the unconscious mental life. (b) A second end is to reduce the deep-lying fear and guilt which have hampered and distorted psychological growth and development. (c) It is also necessary to arouse a desire

for independence and to force the realization of the futility of trying to appease infantile needs in an adult world. Such realization means something far more than mere intellectual understanding and requires emotional insight and conviction. And (d), last and by no means least important, before the end of treatment the patient must be emancipated from the transference relation to the analyst. This emotional bond has furnished the central agency for accomplishing the desired changes, but carries the danger of simply shifting from an old bondage to a new one if the dependence on the physician is held to as a way of life rather than used as a means of therapy. The patient by the influence of the analysis has been persuaded to give up an emotional anchorage in his childhood past and achieve a substitute one in the analytical situation itself. A second step of even greater significance must be made; once more he must renounce an undesirable and compromise adjustment, this time in the analysis, and be launched forth to make terms with the real world. In this world of reality an appropriately chosen patient, his powers strengthened by the aid of the analysis, has the opportunity to make a normal adjustment as a final substitution and release both from the childhood complications which imprisoned him in neurosis and from the experience of the analysis which has set him free.

A number of questions naturally arise concerning psychoanalysis: (A) What is its relation to other systems of psychotherapy? (B) How far can the method

described be modified and still lay claim to being psychoanalytic in nature? (C) For what type of patients is this means of treatment desirable?

(A) Psychotherapy has been practised since earliest times, appearing in various guises and as often outside the medical profession as within it. Until the present century the methods employed by medical men were largely individual. Formerly the physician interested in such matters might well be at a loss when confronted with the problem of psychological illness. He found himself approaching the matter of therapy equipped only with a few very general medical principles and forced to rely on his intuitive sense of how one person may influence another—in this instance from sickness towards health. Stern authority, kindly interest, wise counsel, "philosophies" of life, spiritual uplift, and, it must be added, a sprinkling of magic were in various proportions contributed to the therapeutic task. To be sure, after 1850 more systematic methods of psychotherapy were developed than had been known before, but, with the exception of hypnotic suggestion, comparatively little of the work was clearly defined or in any way standardized. It should be understood that this fact in no way reflects on the efficacy of method in individual cases. It does mean, however, that until recent years psychotherapy existed mainly as an individualistic art, in small degree affected by the general scientific progress so evident in other fields of medicine. The psychotherapist still depended chiefly on his own inner resources. There was no source from which he could get orderly training, and his own

ideas and special system, developed from experience, were too poorly formulated to enable him to teach others. However effective a physician might be in treating psychic maladies, his work bore little relationship to the past and had small influence on the future. As a rule it began and ended with his own career in active practice. It must be a matter of regret that with the great men of medicine the immortality given to their work in physical science and general culture could not have included that part of their art of psychotherapy which must have contained common material and been based on universals.

Psychoanalytic treatment is distinct in many ways from other types of psychotherapy. (1) It is more nearly standardized. (2) The emotional relationship of patient to physician (so-called rapport or transference) is understood on a far deeper level than formerly, and the recognition and manipulation of this transference furnish the main agency in therapy. (3) A much less important part is played by the physician's "personality" in the popular sense of the term. And (4) the method is one that can be taught in theory and practice.

(B) There are various methods of psychoanalytic treatment, all based on the same underlying principles, but differing somewhat in the superstructure of theory and the technique of application. One of these methods is the Freudian, so called from being more closely allied to that practised and taught by Freud himself, and differing from the procedures employed by others of his followers, particularly the group led by Jung. In

the Freudian method the analyst keeps a relatively more detached and impersonal status. The object striven for is to aid the patient in the removal of inner obstacles to normal mental adjustment; in other words, there is the attempt to help the patient break through his repressions and bring the unconscious mental conflicts responsible for his neurosis near enough to the surface to be solved in a new and more desirable manner than before. In order not to detract from this main purpose, advice, and guidance in the ordinary sense are kept at a minimum, and attention is focused on the intra-psychic life of the subject. If he needs direction and support, he can best get them elsewhere.

Jung refers to the foregoing as the "caustic method" and maintains—no doubt with good grounds—that in certain cases more needs to be accomplished than the removal of intra-psychic obstacles. The caustic method, he considers, should apply rather exclusively to robust youth, where there is plentiful opportunity ahead for satisfaction in real life. For older people, or those more limited in capacity or opportunity, he urges as a supplement to the removal of obstacles that treatment be directed to mobilizing the latent resources within the self. Certain psychic potentials hitherto dwarfed and inhibited by neurotic barriers he feels need arousing by the leadership and inspiration of the physician. With this aid the patient will be better able to meet and satisfy the new needs and impulses which are released by the analysis, but which from force of circumstance the outer world must in part deny. In this Jungian method the physician must play two quite

distinctive roles. To keep the two from interfering and, so to speak, neutralizing each other is one of the fine problems of psychoanalytic therapy.

Among the special developments of the Freudian method is that of Rank. Rank's technique is characterized by less emphasis on the reductive and causal side, for which is required an elaborate reconstruction of the life-history, and a more exclusive consideration of the working-out of the transference relationship. One desirable result of this modification is to shorten the duration of treatment, which is still further reduced by having the physician set the termination of treatment in a sense somewhat prematurely. Rank's contention is that there is no need in a simple therapeutic analysis to prove over again for each patient the whole psychoanalytic theory by a historic reconstruction of the past. The latter has academic and research value, but according to him it means little so far as cure is concerned. He maintains that it is chiefly the dynamics of the transference situation itself that produces the desired psychological changes in the patient, and that on this point the emphasis in treatment should be concentrated. The analyst in the Rankian method takes a more active part, mainly in interpretation of the patient's productions (speech and attitudes) as they appear in the analysis, thereby translating them into their deeper unconscious meaning. By such properly timed interpretations the subject, if he accepts, is, as it were, forced progressively from stage to stage, while in opposition he strives to maintain various regressive and infantile levels, patterns of his poorly

equipped psychic organization, now newly activated in the analytic situation. By this striving he vainly hopes to find in the analysis something of a refuge and achieve a more comfortable emotional adjustment than he had been able to gain in the real world of daily living. Most of this striving and hoping goes on unconsciously and is only gradually uncovered by the analysis as it progresses. The Rankian modification of the more typical procedure in treatment demands in particular vigorous potentialities for normality on the part of the subject. It is not the method of choice for the psychologically weak or for those who are too greatly handicapped by circumstance. Its advantages and limitations are yet to be fully determined.

Much psychotherapy of to-day which is given loosely the name of psychoanalysis comes far from conforming to the methods originated by Freud, which have been outlined in these chapters. There is no copyright on the name itself, but if it is to have any definiteness at all in the minds of clear-thinking people and in the world of science, it can best be limited to the meaning given by the originator. Some remarks by Freud on the subject of the psychoanalytic investigation of the mind apply equally to the problem of therapy. He says: "Any line of investigation, no matter what its direction, which recognizes these two facts [resistance and transference] and takes them as the starting-point of its work, may call itself psychoanalysis though it arrives at results other than my own."[1]

(C) Psychoanalytic treatment of the nature de-

[1] *Collected Papers*, Vol. I, page 298.

scribed in this discussion applies only to a selected group of cases, which is limited in various ways. A considerable degree of intelligence is essential. On the whole, after the first half of life, the method is not advisable. The circumstances of the patient's life must be such as to give him opportunity to gain satisfaction in normal living. Such things as hopeless poverty, failure in ambition, severe bereavement, or an unhappy but binding marriage bond may be insurmountable obstacles. People suffering from such circumstances will profit more from methods of consolation than from reconstruction. Most psychoanalytic work has been with neurotics, and little is known as yet of its influence on psychotic patients. Psychoneurotics to be helped by psychoanalysis must have considerable fundamental stamina of personality. Nothing is added to a man by this method, and he is given no crutches to lean on. He can profit only as he has promise of better things within himself. The obsessional neuroses, conversion hysterias, certain sexual abnormalities, and the common anxiety states offer the most favourable material for treatment by analysis.

Psychoanalysis has been called the major surgery of psychotherapy. The comparison does well enough. Like major surgery, analysis does not help everything, nor is it usually the first method to be thought of in trouble. Most nervous difficulties can be helped by more simple methods. Perhaps one may say that analysis, like surgery, should be reserved for those problems which less radical procedure does not reach. The time and money involved make psychoanalysis some-

thing of a therapeutic luxury. As with private sanatoria, ocean voyages, and so on, it must necessarily be beyond the means of the majority of people. Certainly the vast number of psychoneurotics in both clinics and private practice will have to get along without it. Other psychotherapeutic methods—suggestion, persuasion, common-sense teaching, "directorship," and so on —will remain the chief resources in psychotherapy. It is true, however, that psychoanalytic doctrine has deeply influenced all methods of modern psychotherapy. Perhaps the therapy of choice for the future will be some eclectic procedure, borrowing from all sources and enriched in depth by the analytic school. In prophylactic measures through general education psychoanalysis can certainly add much to the self-understanding of the individual, which the complexity of the modern world makes increasingly desirable.

CHAPTER IX

Illustrative Material: The Case of Miss A.

As a supplement to the theoretical consideration of psychoanalytic treatment given in previous chapters, the presentation of some actual case histories will be of value for concrete illustration. To set forth in any clear way the story of an analysis is extremely difficult. The mass of material is so great that only a fraction can be selected for presentation. More importantly the analyst's grasp of the case is based on "atmosphere"—on shades of attitudes and moods, in general on phenomena which are sensed rather than accurately observed, and which defy clear articulation. Likewise the influence of the analyst on the procedure is dependent in part on subtleties not easily translated into description.

The actual conversation of the treatment hours set down in detail would reveal the shell rather than the substance of the process. This is, of course, not true exclusively of analysis, but applies to all important relationships. For example, a young person may have interviews with a parent, teacher, or friend which in deep meaning and effect on his character are loaded

with significance, and yet a stenographic account would leave the reader quite unmoved, and in the dark as to the real importance. In other words, there is in all these things an emotional interplay between the people concerned, in the way of overtones, so to speak, to the words spoken or acts performed which have large influence and can be vividly experienced, but can be only imperfectly recorded or described.

If a casually curious outsider was given the privilege of listening in on an actual analysis, the main effect upon him would be a boredom beyond all endurance. He would feel himself merged to suffocation in petty detail and endless repetition so far as the patient's productions were concerned. If he turned for relief to the analyst, he would hear him over and over again point out matters and give interpretations which the patient an equal number of times could not or would not apply effectively to himself, or else would accept only to have the same problem reappear in a new form. One can conceive of this eavesdropper leaping from his hiding-place in a fury of exasperation, calling down a plague on all this indirection. "You two people get down to business," we can hear him say. "Certain things are so or not so. Then state them clearly. Accept or reject them and govern yourselves accordingly." The reply would be ready at hand. If the problems dealt with by the analysis could be thus simply disposed of, they would have been settled long ago, and the occasion for treatment by the method of analysis would never have arisen. The procedure of analytical therapy was worked out for the purpose of going further after the useful-

ness of the direct approach, championed by our impatient friend, had reached its end and failed.

There is one popular misconception about psychoanalysis that acts as a deterrent to some worthy persons who might wish to avail themselves of its aid. It is feared that the patient will be led to long accounts of intimately personal and private matters with special reference to the sex life, and that the analysis may become something of a Roman holiday for the physician as the helpless subject reveals himself without limit in his mental nakedness. Such a conception is entirely erroneous. It is true, of course, that no person can talk without reservation on all that comes to his mind without touching on his sex life and other intimate matters. If, as sometimes occurs, there has been no mention of such subjects after weeks or months of analysis, the very absence is a striking feature, which, like all others, needs comment and investigation. The proportion of time given over to these topics varies much in different analyses. Sometimes there is very little, sometimes more, but it cannot be too positively stated that analysis does not consist in a long-drawn-out discussion of sex matters. If such discussion is indicated or desired, as indeed it very well may be by those who are in difficulty in this field, undertaking an analysis would be a roundabout way of getting at it.

It is also quite incorrect to think of an analysis as an elaborately extended autobiography, with the advantage, so far as "human interest" is concerned, that it is unexpurgated, and that a complete confessional is thrown in. To be sure, it is common for subjects to

commence analysis by a systematic outline of their life-histories, and often these stories are of high dramatic interest. But the most verbose of individuals cannot go on spontaneously in this vein for many hours before coming to an end, and then the real analysis begins. He says: "I am through with the story of my life," and waits for further guidance. He is told to go on with the method of free association and talk about what drifts into his mind on any subject at all, and henceforth systematic narrative is a thing of the past. So with reference to the "confessional" features of the process, which are the dread of many prospective *analysans*. It would be a hardened sinner indeed who could spend any great length of time outlining his secrets and his misdeeds. That part also soon comes to an end, and, as before, with such matters out of the way, the real analysis can get going. But, dismissing theory and general statement, as a matter of practical fact, to one who seriously undertakes an analysis the confessional side of his obligation seldom causes any important hardship or difficulty and is usually one of the least of his troubles.

The analyst who might wish to find entertainment in his profession by being auditor to material which would bring a certain erotic fillip to the day's work would be sadly disillusioned. Nothing but a highly technical interest in the intricacies of the human mind can make for him the long hours of analysis other than interminable tedium. A concentration by the patient on sexual or allied subjects puts the analyst at once on his guard. Some special purpose is being served for the subject of which he is usually quite unaware, and the

analyst's task is to point it out. Sometimes the patient is indulging himself freely under the guise of analytical obligation. Again he is finding some sort of relief from guilt by abasement and self-punishment.

A young man in free association brought up endless phantasies of an infantile erotic nature, which he elaborated to dreamlike proportions of unreality. It became quite evident that this youth was taking advantage of the freedom of the analysis to give outlet to immature interests not left behind as with the normal individual, hidden from himself and others by repression, and never coming to the light of day until temporarily set free by the analysis from the disciplinary régime of the ordinary world of reality. When at the proper time this motive was shown to him by the analyst, he was forced by the clear evidence to accept it, and the phantasies promptly disappeared. This in no way was due to compulsion or moral pressure, but simply that it was quite impossible for the patient to continue with them when the meaning was no longer hidden from consciousness.

A woman in her thirties went back repeatedly in memory to childhood. Around the nucleus of ordinary minor sexual activities of the time which were recollected was a persistent feeling that other more important experiences, including some of a perverse nature, had taken place. This woman had on the surface no profound moral revulsion over the accidental happenings of early childhood, but there was much anxiety and distress about this topic, as it persisted in the analysis, together with the uncomfortable feeling that is present when one attempts to recall a forgotten name.

The situation soon revealed itself. It was not the unsuccessful recollection of past happenings which was distressing, whether or not they actually occurred. It was, instead, the reactivation and bringing towards consciousness, in the setting of the analysis, of unresolved childish cravings, in this case child-mother dependency, symbolized by organic sexual urges. In a world of actual relationships with people these needs were hidden and disguised. In analysis they showed themselves more clearly. Once more, when at the proper time the real significance of these restless and distressing efforts at recollection were pointed out, they disappeared at once for good and all. To be sure, in this case as in the previous one, the deeper-lying forces operative in the neurosis were not uprooted by this exposure. They soon appeared in another form, again to be recognized and explained, and throughout the analysis this process was over and over repeated.

Almost any case of analysis could be made to serve the purpose of illustrating the theoretical part of the text. The two chosen for detailed presentation were selected for special reasons. In the first place, both were of relatively brief duration, necessitating various short-cutting procedures. There is advantage from this brevity for the purpose of presentation, but both analyses would be considered incomplete from the standpoint of rigid Freudian technique. Secondly, the *transference* components of analysis came out plainly, uncomplicated by any outstandingly obvious importance that the analyst played in the patients' lives. In neither

case did the analyst as a person make any great impression. That is, the enthusiasm and admiration of one individual for another, often so manifest in rapport both in analysis and elsewhere, did not exist. This fact was of questionable advantage, perhaps, as far as the usefulness of the analysis was concerned, but it at least makes the discussion of treatment more simple. From the behaviouristic side, both of these patients had lived rather exemplary sexual lives, and neither had any important overt sexual conflicts, in spite of certain homosexual tendencies in each. At the same time it will be manifest that there was marked disorder of the underlying sexual make-up in each patient, and, furthermore, considerable sexual material appeared, particularly in dreams, much of it used in the service of symbolism.

In both cases, again, the problems presented were not isolated maladjustments or a few special symptoms, but a type of involvement of the whole personality, unlikely to be corrected spontaneously and quite obviously not to be affected by the more usual types of psychotherapy. Finally, it should be said that neither of these individuals was a weakling, but on the contrary they were distinctly superior, in physique and intelligence, in character and ideals, and gave the impression that fundamentally the quality of their psychic organization was sound.

The theory of psychoanalytic doctrine has been elsewhere and repeatedly proved in its application to problems of neurosis. In these presentations no attempt will be made to re-prove such theories or to work out historically the chronological steps in the evolution of

a maladjusted neurotic adult. Instead, emphasis will be laid on that most obscure feature of an analysis to the uninitiated—that is, the working through of the transference situation—in other words the living out, during the course of the analysis, of an emotional experience which leaves the patient at a different level of development from what he was at the beginning. It is a tenet of analysis, based on sound evidence, that the transference situation is always operative, sometimes seen in clear light, sometimes obscure. In free association the mental content is under the transference influence—that is, the immediate emotional attitudes of the patient towards the analyst are a factor in the motivation of what comes to mind. This transference motive sometimes brings out historical material from the distant past, often forgotten; again, sexual content is present; still again, ego strivings and conflict are aroused. Or sometimes, but less often, objective matter, such as public questions or philosophic view-points, takes the centre of the stage. All this grist brought to the mill of analysis has a double interest and value. It is important in itself, particularly the historical matter, but, secondly and of equal importance, it is an index of what is occurring in transference. In other words, the transference situation is presented by the patient in various "languages," which are to be translated by the analyst, both that he may keep his own orientation of what is going on and that he may interpret to the patient, as seems indicated. For example, a patient may work himself up over what he considers harsh treatment by his father and in so doing really represent his feeling that

he is badly used by the analyst, as well as at the same time giving accurately or otherwise the actual events of his past life. Of his feeling towards the analyst and of his method of indirect expression he is totally unconscious. Or another patient may grieve over a loss sustained in the past or threatened for the future, but in reality be expressing sorrow at a transference frustration. The patient, so to speak, seems determined to avoid and befog the transference situation, and it is the analyst's task to clarify it.

In presenting case histories, it goes without saying, it is proper freely to distort facts which have no vital bearing on points at issue, in order that any possibility of identification may be obviated.

The Case of Miss A.

Miss A., in her early twenties, came for analysis referred by a psychiatrist from her home city in another state. Business reasons had brought about at this time a temporary change of residence for the family, and the daughter resided with them during the period of treatment. From her reading and associations she was already interested in psychoanalytic doctrine, and somewhat conversant with the subject. However, to see aid for herself through this means was another matter. She felt resentful and humiliated at the necessity and kept her analysis a closely guarded secret from her friends. Her difficulties as they unfolded may be summarized as follows:

There had gradually developed since puberty a deep

and abiding discontent with life in all its phases. In addition, relationships with other people, both in and out of the family, were filled with complications. There had been more and more mental depression, evidently part of the general picture, and in no way "primary." The final trouble had been an over-intense and passionate friendship for another girl, formed while living away from home after graduation from college. Miss A. had brought to this relationship extreme emotional intensity, which ran up and down the gamut of love, jealousy, rivalry, and hostility. There were no physical intimacies other than rather ardent demonstrativeness, but increasing mental conflict over what she felt was a most unnatural love attitude led her to consult a psychiatrist. Her first words gave a psychoanalytic turn to the conversation when she stated, with some positiveness as to her grasp of the problem, that her trouble was "emotional dependence" on the mother, shown, as she felt, by home-sickness for her when away from home, but at the same time continual discord when they were together.

Family Background

The father had been in earlier life a most successful business man, with physical presence and social qualities which made him a leading figure. As he grew older, handicaps in the way of ill health and financial reverses brought out the weaker side of his nature. There were several minor "nervous break-downs," and his interests had grown more and more restricted to the family. In

this sphere an exaggerated fussiness, irritability, and petty solicitude were outstanding. During Miss A.'s young childhood he had been an indulgent parent and companion, and she had adored and idealized him. The change in his character had been to her a source of bitter disappointment and disillusionment. She could "never forgive" certain temper outbreaks which had occurred with her as an object. Developments during the analysis showed that the disappointment and unforgiveness derived their main vitality from certain features of the early child-father relationship which the actual discord with him in later life illustrated and emphasized rather than created. The fundamental difficulties existed chiefly on unconscious levels and resulted from the failure of solution of certain emotional bonds between child and parent, which had been brought over to the present as still active problems.

The mother was an energetic, independent woman with keen intellect and broad cultural interests. She represented discipline to the patient during childhood, and there was little confidential intimacy or close comradeship. Several older sisters were separated by the period of a decade from the patient, and there was one brother two years her senior. The usual discord and antipathy existed between the younger children during childhood, but as an adult the patient showed a rather neutral attitude towards the brother, without strong attachment, but free in a striking manner from the antagonism and hostile trends manifested towards other people. The mother-daughter and brother-sister relationships were not revealed in their deeper aspects dur-

ing the analysis other than by pattern and inference, in spite of the patient's initial self-diagnosis. The older sisters seemed to have played but little part in her life, but the historical setting indicated that contact with the brother must have exerted an exceptionally important conditioning influence and in particular have served to emphasize certain social advantages of the masculine sex. The boy, as bearer of the family name, was the father's favourite and the object of his passionate devotion, especially in later years. As a child, the son was delicate and sensitive, and there was frequent admonition against effeminacy. He was precocious intellectually and great things were expected of him. In college and afterwards he showed serious purpose and was given opportunities for independent education and travel, which the sister envied. In behaviour, disposition, and attainment he had been held up as an example throughout her early life.

Adult Reactions of the Patient

Towards both parents there was a continuous attitude of tension, with frequent active discord. Miss A. was aloof, cold and critical. There were many outbursts of a childish tantrum variety, for which she was secretly ashamed, although seldom admitting error or remorse. These scenes were precipitated by all sorts of minor incidents, in which the petty demands and frustrations of the father took an important place.

The girl was personally attractive and had considerable attention from men. Her feelings towards them

were motivated chiefly by the demand for power, with a strong competitive sense of desiring her share of masculine favour. She was critical at all times towards her admirers and openly furious at any slight or neglect, fancied or real. She wished for marriage, mainly, it appeared, because it was the proper thing, rather than from any personal desire. In regard to the topic of sex, she was theoretically liberal in her views and without prudishness, but there was marked revulsion towards the whole topic when it affected herself. Any attempt at love-making was repulsed in no uncertain manner. There had been no physical sex problem whatever that was recalled, other than some stirrings incident to her friendship with the girl, already noted. Demonstrativeness with her family or others was distasteful, with the exception of this other girl. She said that kissing was objected to, for, "something besides convention, there is an inner shrinking." She wondered later in the analysis "if the desire to have attention from men could be to prove to myself that there is nothing wrong with me."

Towards acquaintances and most friends her attitudes and reactions were also outstandingly negative. She was critical, over-sensitive, jealous, and at times malicious, in the sense of taking pleasure in giving hurt. She was painfully self-conscious in any company and at ease only when in some way gaining special favour or distinction which lifted her from the common level. Attempts to adjust herself in the economic field had been unsuccessful. An urge to financial independence and the example of others in her group led her to seek employment. She tried several positions and gave them up

from boredom or dissatisfaction. Sick people were an especial aversion, and her mother's illnesses had been a trial. She had a feeling when near a sick-bed as "though some unpleasant mutilation were present."

Developmental History

A few of the facts as they came out in the analysis will sketch in rough outline the developmental history. As a young child, Miss A. was attractive, piquant, and spoiled; she gained her way by tantrums. She recalled a curious reaction at eight years when her brother was present at the bath of a small cousin. It seemed a "personal affront" to the patient that her brother should see this little girl—a "betrayal of her sex." She always felt jealous that he would know more about girls than she of boys. She had the feeling that this cousin was being robbed of something, in the sense that the brother would not have let her see him unclothed. On the same occasion the patient's father told her to hurry, which she resented: "It seemed there was a conspiracy on the part of my brother and father." Such an incident with its reaction, occurring in childhood, would be nothing unusual, but in Miss A.'s case the thing was something more than the memory of an experience. It illustrated a sex jealousy and opposition to the male which had never been resolved, remained still present in her adulthood, and was an important factor in her neurosis.

In one of the earlier grades in school she was thrown into a hysterical panic at the reading of a scene in which a boy was in danger from a drunken father. At four-

teen she was sent home after a short sojourn at a vacation camp on account of severe nostalgia. She was depressed and listless for some weeks afterwards and lost weight. Puberty was stormy. She resented sex information and was "disgusted" by menstruation. During these years, as she put it, she was "soaking in an emotional bath." She indulged in tragic attitudes and poses. Some of her behaviour she recognized as a deliberate attempt to make an impression on the family. Illness was feigned or exaggerated, more, it seemed, in the nature of revenge than as an appeal for sympathy. She revelled in morbid literature, Poe's *Pit and the Pendulum* making special appeal. She was the author of much pessimistic free verse built on the theme of the failure and pathos of her own life. She constantly nursed a vague sense of grievance against the family and the world. She was a bit slow in school with respect to formal education, and her brother was held before her as an example by the ambitious parents. Later she was his accepted equal intellectually. She attended a girl's college and lived the usual dormitory life. She had a few friends with whom she was popular enough, but made no wide acquaintance and took no part in extra-scholastic activities. In college as elsewhere she showed a minimum of spontaneous interest. Motivations seemed largely on a competitive basis, and she was governed chiefly by a desire to have for herself what was deemed desirable by others.

Character Appraisal

The story so far makes this girl out a rather formidable person—and in truth she approached such a category, especially in her own home. However, personality qualities of a high order were clearly discernible. There was a strict intellectual honesty present which made impossible any evasion, in the analysis at least, when she could view her problems clearly. There was a genuineness of feeling, a native refinement, and a latent charm which must impress the analytical observer. A frank and straightforward self-depreciation seemed only in part dependent on a morbid sense of guilt. This young woman heartily disapproved of herself as measured by life adjustments and sincerely longed for the capacity for better things. There was no compromise with standards of honour as she saw them. As one example, it never entered her head that she could be married without confessing to the prospective husband her emotional instability and what she considered an abnormal love experience with the other girl.

There are two ways of considering a person with reactions such as described. The whole thing may be looked on as the natural working-out of a poorly endowed individual, with the logical consequence that there is little to be done about it. On the other hand, the same picture, so far as behaviour, attitude, and symptoms are concerned, may be due to tangles and discord in the mental life which hinder and distort

normal and more desirable potentialities, and it is in this second group that something can be accomplished by psychoanalytic treatment. The parallel with the so-called "incorrigible" delinquent child will come to mind. Formerly such children were considered simply bad, and to be influenced, if at all, chiefly by discipline. Modern child psychology reveals that the same type of "badness" may result from normal and good forces which have gone wrong, and an entirely different program of management will therefore be indicated.

It seemed clear that in this young woman normal potentials were interfered with by psychic obstacles over which she had no control. That her reactions were vigorous and positive was, on the whole, favourable, in spite of the fact that it made her disagreeable to live with. In contrast to the sensitive and shrinking person, crushed and made spiritless by psychic difficulties, she showed much self-assertion, none the less normal in origin because misdirected. With her the cleavage between the intellectual and emotional features of life seemed unusually wide. Conscious direction appeared more helpless than with most when set in opposition to unconscious trends. If, as Freud states, the goal of culture is the control of instincts by intelligence, she was in many respects relatively far removed. On the surface she had a sound intellectual grasp of her own problems, while for those of her acquaintances she showed a keen analytical insight. However, any attempt on her own part or with the aid of the analyst to utilize these qualities for deeper personal self-understanding met immediate overwhelming resistance.

Mental Mechanisms Involved (Psychopathology)

There were certain main features of the psychopathology which stood out in the analysis, both historically and in the repetition shown by the transference reactions. These may be set down dogmatically at this point, with material for substantiation to be presented later on.

1. An unsolved father relationship was present. The patient's early attachment of the Œdipus period had been retained, with failure to substitute for the actual parental love object a more abstract masculine ideal towards which her adult love needs could be freely directed. As she grew older and the father became inevitably a more and more unattainable object, there resulted disappointment and disillusion at her loss, while at the same time the conflict between childish and "unnatural" needs with the more mature and normal strivings of her nature brought the penalty of guilt and fear. The play of unconscious forces so described was abetted by the actual family situation. She reacted to the double deprivation in love by hostility, hate, and the urge to revenge, aggressive attitudes of defence which covered a deep sense of injury and underlying fear.

2. There had resulted an intense masculine protest, envy of the male, and repudiation of the feminine role —in other words, what the Freudians, using sex terminology, term a "castration complex." Schematically outlined, she had solved the Œdipus situation by the

compromise of identifying herself with the father rather than by the constructive method of renunciation and ideal-formation. If she could not have him, then she would be like him, and in that position she was brought into rivalry and antagonism with men in general. Once again, the actuality of her family life, with the favouring of the brother, plus his early intellectual superiority, supported this distorted intra-psychic organization. To complicate matters still further, all this vigorous protest on her part was at war with the substantial feminine component of her make-up, which strove determinedly for normality, but so far had played a losing game.

3. An extreme degree of secondary "narcissism" followed—that is, an over-interest and valuation of herself, a self-love, too much akin to that of the young child before outgoing interest and consideration of other people have been developed. This girl in her development had built up psychic obstacles which hampered all human contacts in her love life and turned the libido current back to herself. The main exception was the outlet found in the recent "homosexual" friendship, which brought new conflict in its train. All these factors—wide deprivation in love, envy of the masculine role, and sense of inadequacy on the feminine side—resulted in an intolerable sense of inferiority, which motivated a hostile defensive attitude towards the world and was only transitorily appeased by some concrete evidence of social supremacy.

This attempt to formulate a structure of unconscious mental mechanisms operating in a neurosis must be per-

plexing to those unfamiliar with such studies, even when presented in briefest outline. Perhaps another attempt at a more general sketch will simplify matters. Whatever scheme is employed, its main utility is that of a working hypothesis to make it possible to grasp the processes which elude ordinary approach, as a first step towards doing something about them. This young woman, in many ways well endowed with normal capacities, had failed in working out her psychological development to complete maturity. Something had interfered with the expected unfolding and evolution of her psychic life. She was unable to express herself positively like a normal woman. Self-assertion in constructive ways was seriously hampered, and showed itself mainly in negative outlets, as evidenced in her reactions to other people. She was unable to "be herself" freely in a psychic sense without complications of guilt, fear, and hostility, which twisted and distorted the picture. She was struggling against overwhelming odds to achieve her own individuality.

As a central thread in this fabric of personality are the instinct (libido) elements, expressed most freely in the sexual organization. In this realm, in the midst of much that is elusive and unapproachable, is something more concrete and tangible to be used in explanation, which serves as a measure of condition and an index of improvement. It was, no doubt, some such significance that Freud had in mind when he said: "With a normal sex life there can be no neurosis."

In Miss A.'s mature love life her incapacities were shown by her adult needs, including the sexual ones.

having a tendency to cling unduly to the paths of affectionate relationships laid down in childhood. These paths, for reasons obvious and already outlined, could only be followed a short distance without an involvement of complications which caused a retreat, accompanied by the reactions already described, which acted, so to speak, as a substitute attempt to solve her problems.

CHAPTER X

The Case of Miss A. (continued)

With the case problem under consideration thus outlined descriptively and theoretically in the previous chapter, the question arises: What was to be expected from analysis to help change matters for the better? The goal of analytic procedure was a definite one. It was expected that this girl would bring to it the emotional organization and patterns of response in general that operated with her in all other relationships. The difference, however, and the resulting opportunity for profit, were that reality complications would be at a minimum, and, instead of her interests and energies being drawn off into the actual problems of the moment, they would be much more available for accomplishing self-understanding and self-modification. When she had dealings with her parents, states of sharp tension developed. In a group of people self-consciousness dominated. With friends there was a sense of rivalry and jealousy. In love-affairs she was most distinctly and uncomfortably playing a part. All such relationships of real life are two-sided situations, a give and take between two or more people in which all are

equally involved, and what is happening on the surface obscures the underlying factors which need to be revealed. In contrast the analytic situation is more one-sided. It is impossible to involve the analyst like the others. Instead of participating in a social or reality relationship, he constantly withdraws and is engaged in pointing out to the patient the part she is playing. He loans himself, as it were, for the subject to react upon in a sort of test experience, and, instead of being drawn into that experience, his part is to reveal to the patient what is going on. He holds continually before her a mirror which reflects her own reactions.

As has been pointed out, this goal of analysis is attained by two routes, which work both together and separately; first, by a conscious intellectual understanding which is set free enough from emotional bias profitably to be made use of; and second, by constructive changes which result from the actual experience and of which, as often as not, the patient is quite unaware.

The relative part played by these two phases of analysis varies greatly in different cases. With Miss A. negative attitudes prevented almost completely any clear self-understanding. Such gain as she made came from the experience itself, through which she was able, as never could happen in any other way, to prove in action, so to speak, the futility of many of her strivings and demands from life on the one hand, and the lack of necessity for them on the other, attaining thereby both freedom and incentive for new and more adequate adjustments.

Acquainted as we now are with Miss A.'s history and

general type of reactions and attitudes, it is possible to predict what patterns of emotional need and response she would bring with her to the analysis. Frustrated, shrinking, and bewildered beneath the outer shell of her personality, she longed for support, guidance, sympathy and tenderness—strivings like those of the unloved child, whose universe is insecure till he can gain protective parental love. In contrast and as corollary to these childish needs was the reaction of defence by her more mature self, which in this "search for love" sensed inner dangers from an infantile libido organization, and guilt and fear were aroused. In addition, satisfaction of the childish yearning would mean a subordination threatening the integrity of her own personality, and all that was independent within her rebelled. Thus in analysis, once again, as in real life, this girl was torn between opposing trends of her nature, libidinous needs opposed by ego needs, the longing for dependency at war with those of self-assertion and independence, and the will to yield in conflict with the will to self-determination.

In the average analysis there are certain noticeable phases of the transference situation which develop in sequence, although, like other rules, this one is emphasized often enough by exception as well as conformity. When a patient undertakes treatment of his own accord, and the setting in general is auspicious, the first stage is apt to be a positive one. The analyst is uncritical and undemanding; the troubled patient has opportunity to unburden himself, he feels that he is understood, and has hope that in some indefinite way he is going to

achieve what he has been vaguely seeking. Sooner or later things change. The analyst in his personal aloofness, his interpretations, and his turning back to the patient the problems which the latter had hoped were going to be solved by somebody else frustrates and disappoints him anew, as has the world of reality previously. Then sets in a second or negative phase of transference, at times quite evident and at times concealed, of longer or shorter duration, to be followed by a third, again of a positive nature, provided the patient, as he develops, is able to give up impossible demands and adjust himself on a reality basis in the analysis.

Course of Analysis

With Miss A. the positive stage of transference was but little manifest. Circumstances determined a poor start, even for preliminary smooth going. She was, in a way, forced into the analysis—that is, the consultant psychiatrist had advised it, the family acquiesced, and there was no good reason to refuse. On her own part she looked on analysis as a last resort in medical aid. If that was unable to help her, then she felt that nothing could. The money arrangement was not advantageous. The father consulted the analyst beforehand and worked out a fee program which, in spite of its modesty, meant some sacrifice on his part. The parents were sceptical and discouraged when results were not soon forthcoming. There was talk at home of discontinuing for economy's sake, and after certain stormy scenes there was open comment that the daughter was being

made worse rather than better. For the first two months, while reasonably courteous in manner and speech, the patient showed an attitude towards the whole proceeding approaching scorn and contempt. She walked in and out of the office without a smile and with an appearance of lofty detachment. A slight error in the monthly account she adjusted as though dealing with an erring tradesman. She repeatedly asked for explanations of material brought up or of analytical theory in general, but, when offered, they were either summarily dismissed or forgotten with astonishing completeness. She was often depressed, and frequently tears came to her eyes, but it was an isolated grief, without appeal to the analyst or evident hope of aid. She later softened somewhat and developed some brief periods of responsiveness, but most of these manifestations were relative. To the last she was pessimistic of any help and felt an oppressive obligation towards her parents for their financial support. At one of the late interviews she said they were paying "a terrific price for a blind package."

She soon learned her part in the technique of the analysis and was wholly co-operative in that respect. At first, as is customary, she dwelt on her depression, inferiority, and other symptoms, together with her trials at home and elsewhere. As the analysis developed, more and more her mental content shifted from the immediate symptoms of the present to the historical material and the analytical situation itself. The transference situation with the analyst was patterned on the actual one with the father. The surface attitude was

one of aggressive defence against any bonds of dependency. The analytical implication was that there existed a strong childish longing for dependence and support, blocked by fear and guilt, against which she overreacted. This pattern in the analysis was no different from that displayed in most of her relationships in real life, without regard to sex, special circumstance, or family ties. It is possible, of course, that there would have been less transference difficulty with a woman analyst, though it is likely that any gain would have been offset by new complications. It appeared clear enough from the material produced that in the unconscious drama which the analysis set in motion, she projected on to the physician the role of dangerous and dominant male—the phantasy product of an improperly solved Œdipus situation, a figure which was at once a rival, a menace, and a temptation. In the analysis she fought out within herself a battle against both the childish and the feminine submission, which was at the same time longed for and vigorously rejected. Her undeveloped libidinous tendencies led her in one direction, which her self-preservative ego strivings opposed. Her normal feminine psychic make-up strove towards its fulfilment, and the false structure of her masculine protest stood in the way. Again it should be emphasized that this transference drama only duplicated something which was aroused by all important human contacts; except in the setting of the analysis, designed for the purpose of its encouragement rather than its suppression, it was made more active and more transparent.

After repeated unsuccessful attempts by the phy-

sician to guide the analysis, interference and interpretation were reduced to a minimum, and to a considerable degree the patient was allowed to direct her own course. Her comments on analytical procedure were ingenious and often amusing, and no weak points were overlooked. Interpretations of analytical significance dealing with dreams and other material she at first dismissed as fantastic, naïve, and absurd. When meeting, in the development of things, more convincing evidence, she dropped ridicule in order to minimize or explain away. She was sure that analysis, if anything, was only of value for diagnosis and not for treatment. She pointed out at one time that there are only a few themes in psychoanalysis, and she knew before starting out that one or more of a half-dozen things were going to be found the matter. Also, she said, even if they were true, what was the difference? There was nothing to be done about it. Far better let sleeping dogs lie. Analysis, she felt, was a lazy way of doing what you ought to do for yourself. Free association she considered to be much easier than intelligent logical thinking, and so on. At the end she said rather grudgingly that it might be possible that the analysis had helped to make conscious what had before been vague, but implied that such service was as likely to do harm as good.

Towards the analyst she was consistently critical. His slowness of speech bothered her. She said she always got to the end before he did. She felt that her cultural background was superior. Everything that could signify the crude male came in for special emphasis. For a single example, the analyst's thumb as he

pressed the button at the elevator implied a coarseness of fibre which shocked and disappointed her, and so on. She contrasted her analyst unfavourably with one in another city to whom a friend was going. To the end she did not accept the analytical situation in the sense that a special unconscious transference relationship was being lived through.

Positive points in her attitude were few. Her only commendation followed the analyst's refusal to advise, in spite of long insistence, whether she should write to the girl with whom she had had an over-ardent friendship. She commented on his shrewdness in declining to be drawn into the matter and admitted that she probably would have rejected his advice. At one time she confessed to a "feeling of dependence," which was soon followed by a vigorous reaction. At the end there were flurries of agitation and panic over leaving the analysis, but mixed with aloofness and rationalization. She explained these anxiety feelings by the realization that she was no better, and that her last hope was gone. In spite of this negativism and criticism, it is evident that there was another side to things, shown in unmistakable ways. Above all, she continued to come regularly for her appointments without other compulsion than her own inclination, and, as stated, she adhered scrupulously to the obligations of the analysis so far as free association and so on were concerned.

To formulate the story of the analysis in brief summary once more, this girl in her emotional isolation longed unconsciously for positive transference, patterned most prominently on the child-father relation-

ship. Against this tendency were operating powerful barriers which aroused strong negative reactions. This defence reaction in the analysis, as in her life outside, filled consciousness and dominated the picture on the surface. The object of analysis was to break this deadlock, to free her from childish libidinous needs, thereby making unnecessary vigorous defence measures against dangers more imaginary than real, thus achieving the possibility for her to be her true self psychically, without fear, guilt, or morbid inhibition. Unmistakable signs of improvement developed during the course of the analysis. Some of these were evident enough to the patient to lead her to an occasional spontaneous admission, but always grudgingly and with expressed conviction as to cause: they came about, she thought, more in spite of the analysis than on account of it. Her depression decreased; she laid this to the effect of a new environment. She got on better with men and was increasingly sought after; she accounted for this also by outside influences. She still resented any love-making, but was far more willing for her escorts to feel inclination toward it. As first she was anxiously concerned about a job; then the topic disappeared, until a month before the analysis ended, when she took a position and got on apparently without difficulty.

Progressive Developments, Illustrated by Special Items

The patient was seen a total of 108 hours. She dreamed freely and the majority of the interviews began with a consideration of this material. Most of her

dreams were fairly simple in "manifest" content, but her associations were elaborate and involved, leading in one way or another to present problems, more particularly family relationships, or some phase of the analysis itself. There was very little of a direct sexual nature brought out, although there was a wholesome absence of prudishness on the subject. Such matter of this sort as appeared, however, bears so specifically on situations of real life and analysis that it has been selected for presentation. She had a number of crude sexual dreams, the first in her experience, for which, like all contemporary unpleasantness, she blamed the analysis (in a sense correctly). These sex dreams were unaccompanied by erotic feelings and seemed chiefly important in their symbolic meaning. Sexual dreams may, of course, be a simple expression of organic need and as such be a normal phantasy satisfaction of desire; but in addition, like other products of the unconscious, they may be used in the service of symbolism, and the dreams to be outlined had this more complex nature. Development from a masculine protest to a normal heterosexual attitude can be clearly followed by a selection from them. They were not written out by the patient and are given here as based on the analyst's notes. In all of these dreams it is possible to make interpretations of psychic situations on three levels: (1) the infantile—that is, the intra-family relationships of childhood; (2) the actual problems of real life of the present—some phase of adult maladjustment; (3) the analytical situation. It is the latter feature particularly that it is hoped this material will exemplify to the

reader. For brevity's sake consideration must be asked for a degree of dogmatism. A vast amount of supplementary and corroborative evidence supporting the interpretations and conclusions of the few instances which are given must be omitted.

Two weeks after the beginning of analysis this dream occurred:

January 29. Dream: She is in bed with a man who is making uncomplimentary remarks about her physical appearance.

The man is the fiancé of one of her friends. She has experienced towards this friend some jealousy and envy. The feeling of humiliation in the dream is common to many social situations, where she is sensitive and self-conscious. It indicates some deep-lying sense of inferiority, probably on a basis of incomplete psychic femininity, which is activated anew in the analytical situation. In other words, being in bed with a man on one level of interpretation symbolizes the situation of the analysis.

February 14. Dream: She is sexually assaulted by a coarse middle-aged man. She defends herself in a state of fear, but at the same time seems acquiescent. Then in a fury she urinates on her assailant as an act of revenge.

The meaning appears obvious. The anger and the masculine act of revenge (urination can be used in a service of aggression by boys, in contrast with girls) are equivalent to denial of subordination and dependency (castration), threatened by her tendency to accept the feminine role. The whole dream drama reveals once more the unconscious psychic situation of real

life and in particular the analysis, where she both longs for and fights against passivity and dependence.

February 18. Dream: There is sexual assault by a large older man. The whole thing is "obscene and unpleasant." She does not seem frightened enough to awaken.

In discussion she resents her lack of fear. The analytical significance of the dream implies a decreasing resistance to dependency, symbolized again by a sexual situation. When this is mentioned as a possibility, she with momentary animation suddenly recalls that the figure of the analyst appeared in the background of the dream. It should not be implied that "dependency" in its wider meaning is an ultimate goal of personality development, but the ability to achieve it without the destructive penalties of fear and guilt is an important step towards the end of real self-determination.

March 21. Dream: The setting is that of a play of the melodrama order—a shabby farm-house, many people present—air of mystery, etc. A daughter, in the role of prodigal, returns to the home. It appears that the father had "taken advantage of her" before she left. Two versions of the same theme go on simultaneously. The father repeats his advances. In one case the daughter kills him; in the other the incestuous relation is acquiesced in by all.

Once more the ambivalent child-father patient-analyst relation reveals itself. The patient's comments were characteristic. When the analyst cautiously pointed out the former meaning, she said, with a manner of disdain: "How ridiculous, interesting, and

rather amusing, but irrelevant—something like telling fortunes by tea-leaves. Even if it should be true, what could we do about it?" She adds that it takes no special acumen to read its meaning, as the main basis is unsupported analytical theory brought in to suit the occasion. This conscious repudiation is in marked contrast to real dynamic changes which are taking place and which are revealed in various ways, including these dreams.

March 30. Dream No. 1: Patient is looking after her mother, who is disabled by an injury, and has a wooden leg. They are travelling on a boat. She has a protective feeling towards her mother and is efficient in her nursing and management.

In association she brings up again her feelings and revulsion at physical illness; "it always seems based on the idea of a bodily wound." Early memories of her mother's illness are associated with a sense of fear and distaste.

Dream No. 2: A man resembling the analyst is teasing a little girl. He threatens to cut off her breasts with a knife, but the little girl is smiling and does not seem to mind.

The castration theme seems clearly demonstrated in both these dreams. The unconscious attitude revealed is one of increasing tolerance towards castration—that is, femininity. In the second dream there is implied the acceptance of castration in the analysis, which is to be accepted as a sign of psychological growth from childhood towards maturity, a movement forward from a still existing Œdipus situation. In other words, a re-

action to the emotional unconscious dependence in the analysis is changing from a masculine protest to a more feminine acceptance. In the first dream the same story is told. The mother (the patient's self) with her injury (castration) is accepted without protest, protectively.

April 2. Dream: In a room with a man of her acquaintance. They are playing with a cord like a telephone cord. It catches about her legs and she fears her skirts will be pulled up. In another room the same man appears, nude from the waist up; he has breasts like a woman, one of which is crude and deformed. This breast fascinates and horrifies her. The man is offended and accuses her of looking at him. She feels sexual fear of him and takes an ingratiating and conciliatory attitude.

The man in the dream is in reality a friend who shows special interest in her. She feels in general repelled by him. He attempts to study her character and give advice, claims she has an inferiority complex, etc. She resents this as "prying into her mental life." Here, quite evidently, is represented the analytical situation—the analyst also pries into her mental life. In the office a telephone cord is at times near the foot of the couch. No doubt the patient is concerned about the arrangement of her skirts when reclining.

This dream appears to give a glimpse deep into the patient's unconscious mind. As is expected in analysis, she is bringing into the special therapeutic relations her pattern of libido organization, which there can function and be studied without the complication of social reality. There is signified in the dream a mixed fear and

interest in heterosexual—that is, adult—love life, occurring in the analytical setting and complicated by man-woman, father-mother, pregenital, erotic fixations and needs, too complex and involved to work out in detail at this point.

May 23. Dream: Two birds the size of doves are mating in the position of humans. The female, strong and beautiful, has been blinded by accident. She is married to the other bird. Later the patient seems identified with the blind bird. There is no sense of sorrow, and all seems "appropriate." Still later the blind bird is walking behind the other, led by a string.

Again are seen castration (in the legend Œdipus blinded himself as a punishment for incest) and acceptance without protest of the feminine part in life, presented in simple symbolism.

May 24. Dream: Patient is identified with a young girl who is having sexual intercourse for the first time. Her partner is a young man. There is defloration. The dreamer is aware of the painfulness of the intercourse and the unpleasantness of the blood flow. The girl's father and other people are in the room, but there still seems a sense of privacy and "everything is as it should be."

This dream, both for real life and for the analytic situation, presents a striking contrast to those earlier in the series. There is represented complete attainment of heterosexuality. The dreamer functions in a passive and feminine role without fear or antagonism, all of which symbolizes psychological advance. With this biological function used to symbolize the whole field of person-

ality, she is shown able to be herself, an adult woman, without morbid reactions.

After the dream of May 24 the patient seemed really more interested in the analysis for a few interviews and was more responsive and hopeful than before.

May 26. Analytical evidence has somewhat impressed her, but she is still vigorously on the defensive. She says the analysis, whether or not it has accomplished any change in her, has not made her happier or more capable of meeting the world. She asserts that she did not undertake the analysis for experiment, and questions what has been accomplished. "What difference does it make how much you know if you can do nothing about it?" She wonders to what extent in future years she will regret having spent the time in analysis.

May 29. She brought up a dream mentioned earlier, but not further discussed at the time. It had occurred in identical form five times in the last years at preparatory school. She had talked it over with some amateur analyst, who gave her a little of its meaning.

Dream: A fishing-village on an island. A beautiful boy of four or five years is washed ashore and is cared for by the natives. He warns them of some great calamity, but is not believed. Finally, when he is a grown youth, a tempest comes, the island is destroyed, but the boy rides triumphantly away on the waves.

In association she refers to the story of Cassandra. The patient still feels herself misunderstood by her parents, treated unjustly, and not believed. She speaks with feelings of bitterness of the capacity that her brother had as a child to irritate her. Her mother once

referred to her as having the passions of an animal from the jungle. She says with deep feeling: "Why are these wounds so real to me now? There is no occasion, but the emotion is as real as ever." She further spoke of having developed an armour against the world, but if anything like the analysis got underneath it, her reactions were the same as a child's. She adds: "This armour may shut out pain, but it also shuts me in." She commented sadly on her feeling of loneliness and said how much more "secure" she felt when someone, man or woman, gave her special liking and attention. The similarity of this dream to the widespread myth of the birth of the hero is of interest and tells its own story of unresolved narcissism shown in the person who believes himself unloved and unappreciated, with the world against him.

End Phenomena

The patient's reactions when the day for the termination of the analysis approaches are of great interest and importance. The final breaking of the transference must some time occur. If the analysis goes on somewhat indefinitely, end phenomena are more likely to be attenuated. If, on the other hand, the date is set for the end by the analyst, as soon as the patient shows sufficient evidence of capacity and desire for independence, then things are more stormy. Both methods have their advantages. The latter forces the patient to accomplish something which he would continually like to put off, and avoids the difficulty of a permanent transfer-

ence bondage. The former makes more gradual the growing pains incident to the attainment of psychic adulthood and carries perhaps less danger of a sudden regression into the old type of maladjustment. The person who has completed a successful analysis has in the experience worked through some of his old patterns of psychic organization to a more adequate form. He is now adjusted to the analysis, but the most important step is yet to be made. The analysis is to be taken away from him, and there are two roads open—one forward to an adjustment with the real world; the other backward, to neurosis or other compromise. (In this case the end of the analysis had been set for the beginning of summer. The date was in part determined by circumstances, but was made definite by the analyst at this juncture.)

May 30. The patient says her mind is now "flat" instead of depressed. Work or play seems equally pointless. She had a talk with her mother the night before, who thought there was no change in the daughter's condition. Although inclined to agree, she felt she must defend the analysis. There is a sense that she is being turned adrift.

June 1. She expresses relief at the thought that the analysis will before long be over. She feels completely uncertain whether anything has been accomplished or not and wonders whether it is usual for patients to have that uncertainty. She has a strange feeling that there is little self-control over action while being analysed and is thankful that no serious question has arisen in her outside life during this period. It seems nothing can be

accomplished in the remaining hours, and she will be forced back into personal responsibility, with nothing to lean on. She thinks she must have used the analysis as an "escape." "Perhaps," she says, "all the analysis can do is to make it more difficult to camouflage one's motives from oneself. If so, is it justifiable?" She cannot see any unconscious relationship (transference) in the analysis. She wonders if a year from now she will feel it was worth while—certainly being dependent on the analyst would not lead her to be independent elsewhere.

June 5. She reports that for the last few nights there have been peculiar psychic feelings, confused but intense—a sense of anticipation, "like a child before taking a trip." These are "not rational, but very definite." They seem to be concerned with her increased popularity with men, though nothing of special note has come up. She says: "It is incomprehensible I should have so much attention. There is a terrible come-down ahead of me. 'Whom the gods would destroy they first make mad.' I shall soon get bored with social life, instead of finding it exciting."

It seems fair, with all the material available, to look on such manifestations as more than a passing mood and to feel that they signify some release from inhibitions which have stood in the way of normal emotional contact in and out of the analysis.

June 6. A complete change of mood has occurred. Once more the patient is listless and discouraged, although there is less animosity. In general, she thinks analysis at the best is but a palliative measure, without

permanent gain. It does no good simply to recognize things. The special things for which she wished help remain unchanged, and she lists indecision, worry over trifles, and other minor symptoms. It is interesting that she does not refer to her main difficulties, and this list of symptoms is a new one, not previously mentioned. She speaks of her attitude to "petting," which she had always felt was superior. She wonders now if, after all, in "coarseness" there is an element of strength. Men consider her "wholesome," but she realizes that she is sailing under false colours.

June 7. She is still discouraged. She would like to have confidence, but is sceptical. Analysis is like a hand to a child walking in the dark—almost like a "pacifier." It is palliative rather than corrective; hypochondriacs would seize upon it.

June 8. Dream: In the analyst's office—a sunshiny day. She feels that the analysis is over, and is very panicky. The analyst assures her that there are still several hours left, and also that she can come back again in a month. On leaving the office she forgets a book. The analyst follows and gives her a large volume on philosophy.

She thinks that the dream represents her actual feelings at the moment. She has an "awful fear" that after the end of the analysis she will settle into a worse rut than before. She admits "perhaps a little change since July, but certainly none in the last two months." She states that one constructive thing the analysis might do would be to help her believe that she could do better.

In the foregoing dream, in which unconscious trans-

ference is naïvely presented, one may believe that the anxiety is aroused at the coming repetition in the analytical relation of the thwarting and deprivation which had accompanied former childhood transference situations in real life, for which the analysis is now substituting.

Miss A. accepts none of this meaning. She asks what is the use of bringing in mysterious and deep-lying significance. The obvious is sufficient. She realizes that a last hope is being taken away, with nothing accomplished, and maintains that she quite naturally dreams of the fact.

June 12. She is in a puzzled and contemplative state of mind with reference to the analysis. She wonders if any change it may have wrought will ever be clear to her. She wants to do and does just as many "unpleasant things" as before (harsh remarks, tempers, etc.), but her conscience does not bother her any more (lessening of guilt). She takes her parents' criticism less seriously, and in general is not as much concerned with other people's opinions. She has always been honest with her parents and appears a bit alarmed that she may begin to deceive them. She wonders if she will be jealous of her brother when he comes home.

Following these comments, she asks: "Why has this whole process of analysis made so little impression on my mind?" She claims her attitude towards the "homosexual" girl friend is unchanged, but adds: "I should like to have her dependent on me, and yet be free from her." She desires both the protection of her home and the freedom of living away from it and says this illus-

trates how she has always wanted to have her cake and eat it too.

June 18. A dream and associated material came up, which led the analyst to a more lengthy discussion than usual. He might have spared himself the pains. The patient remarked afterwards, with the implication of being better occupied, that her mind had wandered and she had heard little of what he said.

June 19. (The day before the final interview.) She says that all her symptoms have returned. She is depressed and hates her work. At night she is wakeful and worries that she may overdo and become ill. She is jealous of everybody. All other people are better off than she. She narrates a thinly disguised homosexual dream and feels like writing "all kinds of extravagance" to her girl intimate.

Such a flurry of regressive manifestations is usual enough at this critical period just before the end of analysis. The explanation is not obscure. Deep in the subject's mind a new hope has arisen that somehow in the analysis will be found satisfactions always longed for and never achieved. Instead of that, one is faced once more with disappointment. Even the analysis is to be taken away.

June 20. Her mood is in marked contrast to the depression of yesterday. She smiles and takes things lightly. She describes the phantasy of just coming out of an egg-shell and getting stepped on. She is not aware of taking away anything "consciously" from the analysis. She cannot see that it is educational, on either the emotional or the intellectual level. She had hoped for

two things—relief from symptoms, and knowledge of herself and other people. Neither has resulted. She has a feeling of being completely fooled, and yet a tendency to argue that the analysis shall go on. She could not "in all justice" encourage anybody else to have an analysis, and yet "in self-defence" she has to think it is worth while for herself. She says: "I suppose this ought to be a very great moment indeed for me." But by implication she leaves the impression that it is not.

Conclusion

The sum total of evidence, of which only a little can be given here, seems to justify the opinion that the girl whose case is outlined went through a successful analysis, in the sense that in it she lived out her emotional life patterns and, in contrast with all her other experiences, was enabled to modify these patterns towards those more suitable for the normal world. The inhibitions towards satisfactory human relations, based on narcissistic fear of injury and masculine protest, were in the analysis broken through, in spite of her unwillingness and inability to grasp these things consciously. In the purely psychic situation of the analysis she learned, so to speak, to live with the analyst on an adult rather than on an infantile level. By this accomplishment an important step was taken towards making possible the same adjustments in the real world of ordinary living.

Miss A. left the city shortly after the analysis and has not been seen by the analyst since. It would be de-

sirable to round out this history with an account of satisfactory post-analytic developments, therefore adding to the justification for the conclusions reached in the discussion. Unfortunately such information is not available, though from some indirect sources evidence of a better way of life has been obtained. Therefore one must rest content that the selected data of the analysis will itself prove that for this girl satisfactory progress took place in her unconscious mental life, in spite of the conscious denial of change which she maintained until the last.

CHAPTER XI

The Case of Mr. B.

Mr. B., a married man of thirty-five, had never suffered from nervous disorder up to one year previously nor considered that he had a predisposition to such affliction. Six months prior to the analysis a severe mental depression occurred, coincident with the change of his business to a new field, and shortly after his marriage. Other familiar symptoms accompanied the depression. There was marked indecision, first noted in business affairs and later extending to lesser matters, such as what he should eat or wear. There was complete loss of self-confidence, and, most trying of all, he felt a lack of love for his wife, whom he considered therefore he had deeply wronged by marrying. He confided all this to his wife, seeming to get temporary relief from self-accusation and depreciation. Fortunately, she recognized that his point of view was a product of his illness, and accepted it as such, but her optimism and reassurance could not influence his own conviction. Thoughts and talk of suicide reached such a degree that the question was raised of sending him to a hospital for mental disorders. As an alternative it

was arranged for him to be cared for in the home of a relative, with sufficient nursing attendance to ensure safety. He accepted and co-operated in this program, but was hopeless of recovery. His physical health throughout was not disturbed.

He gradually improved over a period of months, so that by the time the analysis began, he was back at his own home, in his usual health and spirits, though he planned on general principles to avoid active business life for another six months. Analytic treatment had been advised by his consultant physician, not as a cure for his acute depression, but to be undertaken after recovery with the hope of accomplishing psychological changes which would prevent recurrence. It was recognized, and correctly, that the fact of the depression implied some predispositional abnormality in his psychic make-up.

History

Mr. B. came of a well-to-do family, for several generations prominent in the city of his birth. From the ordinary standpoint the home environment throughout his childhood seemed to be of the best. The father was distinctly of the practical type, absorbed in business, and never an intimate of the son, although his kindly interest could always be counted upon. The mother's death had occurred ten years before. Relations with her had been much closer in every way and she acted as confidante and adviser in the patient's earlier life. He had been away from home for some

years prior to her death and appeared to meet this loss without morbid reactions of any sort. There were four children, of whom the patient was the youngest. Two brothers were so much older that there had been little close contact. Between him and his only sister, ten years his senior, there had been a lifelong affectionate intimacy. He was much disturbed by her engagement and marriage during his adolescence, and for a period felt bitterly jealous and neglected. (As is not infrequently the case, this attachment for an older sister appeared to show the underlying child-mother situation as clearly as with the mother herself.) His physical health had been, in general, excellent and was not considered by his physician to have any important bearing on his neurosis.

Mr. B. was given wide educational opportunities and made good use of them. He went through private school, college, and a technical school, graduating as an engineer. He was a painstaking student and on the whole made a good social and scholastic adjustment, without being outstanding in any way. In professional work he had entered into a congenial organization where he earned and was given special favours and appreciation. Shortly before his illness he took a new and distinctly advanced position with the same firm in another city. He felt his powers taxed when thus thrown on his own resources, even while realizing that his responsibilities were not heavy.

In personality he showed on the whole the average interests of the American boy and man, except that he never cared especially for athletics. As a young lad

he was delicate and much teased by other boys. Later he developed a sturdiness of frame and muscular strength which brought self-reliance and demanded respect from his mates. He was not at all introspective. On the contrary, he was distinctly objective-minded and interested in things rather than ideas. He had an unusual capacity to put concepts, once grasped, into clear language. Socially he was gracious and at ease and was popular with both sexes, but stated that in a group he was always more "aware" of men than of women. He got on well with people in general except for a rather over-reaction of resentment at any attempt at domination. As an adult he had an enviable capacity for friendship and had a wide circle of intimates.

In his sex life he had found his own way without help from family or others. He carried over no apparent difficulty from the masturbation problem of adolescence, and later lived a continent life on moral grounds, but with distinctly less passionate drive than the average. He was considered by his friends naïve and unsophisticated on the subject of sex. In preparatory school he had several rather over-ardent friendships with boys, but was not sex-conscious in relation to them.

He shared in the usual boy-and-girl love-affairs of school and vacation days. Then for a long period, during his college days and later, he was the devoted and faithful admirer of a girl friend who enjoyed his company, but never favoured him as a suitor and married another man. It is probable that this unreturned love represented to him something more than appeared.

Often such faithfulness has other features than those discovered by the romantic poets. An unrequited affection has the advantage, at least, that it permits one to love without being faced with the responsibility of love. In other words, the individual can knock as hard as he chooses on the door, confident that it will not be opened to subject him to whatever may be on the other side. Not infrequently the maladjusted person, psychologically unprepared for an adult love relation, finds in a hopeless passion an outlet for his emotional needs, while at the same time he is spared a fulfilment which his unpreparedness makes an unconscious source of dread. Thus, in a sense, through suffering he achieves a needed security. When this girl finally married, Mr. B. turned for consolation to another; when the second girl failed him in some minor way he was hurt and angry and felt himself cruelly used indeed.

At about this time he renewed acquaintance with the young woman he later married. He turned first to her, chiefly as a confidante of his woes and a support in his extremity. When he began to be aware that this girl returned his love instead of being unattainable like the others, his first reaction was somewhat one of resentment and alarm, and he summarily broke off the relationship for a period. Later events brought the two together again, and a marriage was finally achieved which seemed in most ways unusually satisfactory. When Mr. B. had once taken the plunge and become betrothed, there occurred a buoyancy and release of energy out of proportion even to such a state of bliss. He felt ready to conquer the world, was limitless in

his capacity for work, and seemed to need but little sleep. This mild "hypomanic" state continued in lessened degree throughout the engagement period and the first of the marriage up to the onset of the depression. By the time he came for analysis, marital adjustment seemed to have been re-established in a very satisfactory way on a somewhat more substantial and normal plane than before his illness.

Setting for the Analysis

In contrast to the previous case, everything seemed favourable for a good start, with the one exception that this man did not have immediate symptoms distressing enough to give him the optimum incentive to persist against obstacles. Discomfort from symptoms that outweighs the discomfort from treatment has an advantage of its own in analytical work. Mr. B. felt perfectly well in every way except that confidence in his own stability was somewhat shaken by his recent experience. Incidental conditions were all favourable. He was happy in his marriage, living-arrangements were good, he was again located in his home city and eager to renew social life with his friends. As necessity for earning a livelihood was not urgent, he was able to arrange a part-time vocational program which gave him interest without too much obligation. There was no outside pressure of any sort put upon him, and he took up treatment of his own accord. A contemporary review of his psychic organization revealed some curious recurrent sexual dreams as a single clue to any

abnormality. Otherwise everything was "negative." These dreams were accompanied by emission, and at the climax, instead of some situation with the opposite sex, he would see a young boy at a distance in the act of urination. Strangely enough, the dreams had persisted in spite of the achievement of an apparently good sexual adjustment in marriage. Consciously, there was no sexual interest either in boys or in urination. With some superficial knowledge of such matters, the patient had accepted these phenomena as some hold-over or reverberation of the homosexual component of his make-up, and he was not deeply concerned, because this did not seem to interfere with his actual life. As a matter of fact, they were not homosexual so much as narcissistic dreams, the meaning of which may be set down here somewhat dogmatically, with the supportive evidence to appear later on. The small boy was the dreamer himself. The act of urination represented a libido fixation at a pregenital infantile level, having the same sexual significance as is often present in persistent bed-wetting. Translated into language, the dream said: "In my sex life (and love life generally) I cannot surrender to another (the love object). I must be self-sufficient—that is, I must love myself and have sexual relations with myself to avoid menace to my independence." So in this man we see on the conscious level a normal love relation, while in this message from the unconscious is glimpsed a repudiation of normal heterosexual love and a regression to narcissism (self-love). It is of interest that these dreams disappeared while the analysis was in progress. Per-

haps, then, even at this early stage a hint may be gained of something that was concerned in his depression and responsible for the inhibitions, self-accusation, and feeling of loss of love that went with it.

From the standpoint of the analysis, the main question of interest at first, was what constituted the real motives which caused this man to turn to it for help. Ostensibly, this was because he had been advised by trustworthy physicians whose opinion he respected. Actually, though unconsciously, there was another equally important reason. Checkmated and frustrated in other normal fields of life, he (unconsciously) hoped there was to be found in this new and mysterious experience that unattainable something for which he had been searching. It was necessary for him to grasp, then relinquish, this second motive before he would be prepared to adjust himself to reality either within or outside of the analysis.

Formulation of Psychopathology

Once more, then, we feel free to make the assumption that this patient, like the other, had within him certain regressive needs, brought over from childhood, the product of some arrest in psychological development. As a result, instead of a desirable unity of personality, there was continual underground warfare between these childish needs and the normal strivings of the more mature self which also demanded fulfilment. On the libido level our hypothesis takes us back to the Œdipus situation. The patient, hampered by fix-

ations at the Œdipus stage, wished to love a mother rather than a mate, or, more accurately, strove to find the two in one (an unattainable goal), and conflict resulted. In efforts at solution there occurred "identification" with the mother, resulting in a tendency to passivity in his love life, with homosexual trends, plus regressions of various sorts, all of which were opposed by the masculine assertive tendencies that for the most part had been in the ascendancy so far as surface adjustments were concerned.

Explaining the same phenomena on the ego rather than the libido level, we can conceive of this man in conflict between the need of mature assertion and self-expression on the one hand and that of childish submission on the other—a struggle between activity and passivity in the ego as well as in the sexual field. In ego activity there is isolation from others, resulting in fear; in passivity protection is gained; the individual is united rather than separated in relation to his fellows but at the cost of submitting to a psychic bondage not to be peacefully endured. A lost dog rushes anxiously about till he finds his master, when he goes to heel with every manifestation of contentment. In the psychic organization of many maladjusted people is a "lost dog" component, restlessly seeking a protective mastery. Yet when it is achieved, the analogy with the dog ceases, for subordination to mastery is as unendurable as is the lack of it to the free and independent spirit of the human being. Thus is the neurotic tossed, as it were, from one horn to the other of a dilemma from which there seems no escape.

Throughout his life, underneath a good enough surface adjustment, Mr. B. had been lonely, restless, and seeking for something that seemed denied him. In his childhood home, at preparatory school and college, in the vocational field, and in his later love life something was always missing. At each stage, however, part of his reaction to this lack was the expectation that later on something would be achieved to remedy it. Finally, in marriage and an independent business career, which he had expected to bring him final contentment, he was again disappointed, as inevitably he must be with his inadequate preparation. At this point, deprived for the time being of the hope of future satisfactions, which had previously sustained him, he broke down with a depression. Time and release from strain healed the depression, but the impossible demands still remained. Without his conscious awareness the analysis offered to him one more chance to satisfy these insistent regressive needs, and the medical advice justified his making use of it. Therefore the goal of analytical therapy in this, as in the other case, was to activate and clarify these needs and at the same time to frustrate them in a new and less devastating way which would permit reconstruction on a pattern more in keeping with what could be actually achieved in a real world.

Reactions in the Analysis

In the analysis, as in all phases of his adult adjustments, though most strikingly evidenced in the field of love, there appeared the tendency towards too great

submission in seeking to satisfy some inner craving, with a corresponding over-reaction of independence. For the most part this drama was hidden deeply beneath the surface and doubly covered over by a persistent tendency on the patient's part to intellectualize the analytical procedure. He entered into the analytical program at the beginning with unfeigned enthusiasm, which was in marked contrast to the humiliation felt by the previous patient. This enthusiasm rapidly diminished after a well-presented and lengthy autobiography had been given. From then on, the procedure palled on him, requiring frequent self-reassurance of its desirability. He was for the most part extremely courteous and, when some flash of criticism and anger broke through, tended to be apologetic, in opposition to the rule of analysis which makes a virtue of plain speaking, whatever its nature. Antagonism to the analyst was usually transferred to other people or things, and he would rail away with a vigorous show of emotion. Repeatedly he saw this mechanism and was annoyed or amused by his intensity of feeling, but the phenomenon kept recurring.

For a period he took on a detached and rather lofty air, with the very obvious purpose of keeping the analysis objective, as though two people were discussing a matter external to both. When by the nature of the process he lost himself in the actual experience of the analysis, he was continually surprised and annoyed. He dwelt much on the irksomeness of the daily visits, their interference with other plans, and so on, and repeatedly talked about the wisdom of the experiment on

intellectual grounds, as though trying to convince himself of its propriety. He often used the terms "I admit," "will not deny," and so on, as though in an argument, as indeed he was, though it must needs be with himself because the analyst seldom took any position that could be made the basis for argument. Argument in the ordinary sense necessitates an opponent. The analyst can avoid this position when necessary by making his interpretations in the form of questions rather than positive statements.

When Mr. B. came to an hour with definite material, such as dreams or current problems, he would show some interest and animation. When there was nothing special in his mind, he was always reluctant and bored, until he let himself go in free association, when he would repeatedly show strong feeling—sadness, animosity, resentment, or what not, usually connected with minor topics and inevitably a source of surprise to him as he later recalled the matter. It was clear enough, however, that these currents of feeling arose from unconscious motives operative beneath the official personality and brought into play in free association.

To anticipate developments, the outstanding reaction of the patient in the analysis was disappointment. This was rationalized to appear on intellectual levels, but really it arose from experiencing in new form and setting the old and inevitable frustration in his struggle to gain satisfaction for unsatisfiable needs. This disappointment showed itself in various guises, the meaning of which the analyst repeatedly pointed out until

the patient became at least partially convinced. When this particular form of disappointment had disappeared, another would take its place. At first he complained constantly of a lack of definiteness in analysis. The whole thing seemed haphazard to him. He stated that he liked to lead rather than be led, and this indefiniteness made it impossible. "I should have less difficulty if I had the slightest idea what we are driving at." This statement shows the futility of the intellectual approach to these problems, because from that standpoint the patient was already in some ways as well-informed as the analyst. Later he was disturbed at not being able to find the exact cause of his depression. Though not himself clear about his desire, it was probably for some specific discovery which would give the feeling: "Now, at last, we have it." Towards the end of the analysis he at least temporarily gave up these earlier demands for a concrete cause, but was insistent that before he was through he must be given an intellectual grasp of the proceedings. Here again was the expression of a need which it was impossible to satisfy by any explanation on an intellectual basis, because the roots of the need were grounded deeply in the emotional field, which is largely inaccessible to influence by the intellect. When the analysis had been completed, he admitted that the above demands were substituted for some deeper craving, but the disappointment remained in a vague and inarticulate form. Not only was there a distinct reluctance at giving up the analysis, but a mild depression returned coincident with accepting this new frustration and disappointment.

However, adjustment to this was made and accepted, partly by the intellect, but more importantly in actual changes in his unconscious psychology, of which there was unmistakable evidence. Towards the end his concern over the analysis and matters of the past shifted in a healthy way to present problems, in which vocational adjustment was outstanding.

CHAPTER XII

The Case of Mr. B. (continued)

It is hoped that the theoretical presentation of this analysis in the previous chapter will be borne out by selective illustrative material. In this case, as in that of Miss A., transference features will be emphasized at the expense of historical reconstruction and causative mechanisms.

Mr. B. repeatedly discovered for himself motives and meanings previously concealed from both patient and analyst. For instance, the process of free association itself he found especially difficult, seemingly due to his rational habit of mind and general objectiveness. There was no end to his comment on this difficulty till it suddenly came to him that it was distaste rather than inability which really interfered. Still later it flashed into mind that this distaste was based on the feeling that sex material would come up which he would dislike to discuss. He was puzzled about this, as he had talked freely of his sexual life and had no conscious objection to continuing. The real basis for this dread of sexual material was not sensitiveness to his experiences of the past, but was connected with its

symbolic significance. In the manner illustrated by the dreams of the first patient the unconscious drama of the transference experience may show itself in sexual formulations. Such phenomena were occurring with Mr. B. and he naturally objected to this self-revelation. These sexual attitudes are no new construction made up for the occasion, but simply mean that there have come to the surface in the experimental relation of the analysis the same pattern and manifestations which are present in the relations with people in real life, where the infantile sexual components are much more deeply concealed.

Another example of the discovery of hidden meanings is as follows: Before his depression the question of children in the family became an issue. The wife wished to have them at once, but the patient objected with vigour to this program, ostensibly on economic and other grounds, in which there was a measure of validity. Although no contraceptives were used, the matter was settled in a practical way, as pregnancy did not immediately occur. But the issue remained an active one in the patient's mind and frequently came up in the analysis in connexion with consideration of the onset of his depression. He approved of his wife's maternal wishes and there was desire for progeny on his own part. However, underneath was a protest against her initiative in the matter, akin to his feelings during the courtship. In other words, he was exaggeratedly on guard against any submission in love, chiefly a reaction to his unconscious longing for a child-mother relationship, which implies the acme of sub-

mission and brings a host of penalties in its train. Here in another form is seen the same protest that was demonstrated in the sexual dreams of urination. Often in the analysis he showed such an intensity in opposing early pregnancy as to suggest a still existing desire to convince himself that his position had been sound. Finally it came to mind in a flash that his real opposition was a fear that pregnancy would bring a "carnal" side to love and marriage threatening to tarnish the ideal psychic relationship. This led to a wide amplification of this subject in other connexions, but the point of particular interest is that, once it came to the surface and was "ventilated," the insistently recurring topic of pregnancy did not reappear. In this instance the significance of the transference motive is not so evident as in the former, but it does illustrate how one can learn about himself in analysis, as it were spontaneously, and thereby be freed from persistent inner questioning. With reference to his awareness of "carnal" motives in the above instance, he said: "I probably did not know of it at the time any more than I did during this hour, until the moment."

The following selected items will give a rough chronological sketch of the analysis, it being always remembered that only a small portion, even of a single hour's interview, can be given—that for one part included, a hundred others must be left out.

March 5. (three weeks after beginning the analysis). His early enthusiasm is beginning to cool, and a feeling of disappointment in the analysis already is mani-

fest. He states at the beginning of the hour that he has nothing in mind and feels wholly disinterested. He is asked to proceed with whatever thoughts come to him, on any subject whatever, and after a few moments goes on in part as follows: He drove across the river, coming to the physician's office, and the setting sun reminded him of other times at the same spot. Men were rowing. He used to row when in college. It is a lonely sport without communion with companions. He is dependent on friendship and does not like to do things alone. He thinks of a room-mate at college who had the habit of burying himself in a book or newspaper, leaving the patient hurt and left out. This other man was later alumni class secretary, who in commenting on letters from class-mates never seemed to note hints of loneliness which were sensed by the patient (and so on). Later in the hour the subject of alcohol came up. The patient spoke of the emphasis laid on this subject by one of his medical consultants. He worked himself into something of a rage at what he felt was the implication of this doctor that he might drink too much. The doctor could "go to hell," etc. Later he was amused and a little shamefaced at his strong feelings.

This was not just haphazard talk. It expressed indirectly, first, his loneliness in the analysis, and, secondly, his resentment towards the analyst for the deprivation forced upon him. These feelings were in his mind, but repressed. In free association they acted as motivation for thoughts which bore similar emotions. When the transference significance was pointed out, he rather

protested this indirection, saying with some spirit that he would have no objection to telling the analyst to his face to "go to hell" if that were what he had in mind.

March 6. He brings in several dreams, in all of which he was in some way either left out or disappointed. In one, though at table with his family and friends, he was being treated as a "stranger." In a second he was "put out" because after taking one apartment he found he could have had a better one for less money. In relation to the latter, he admits that he has been questioning lately if analysis is a good investment of money. He had several analysts in mind and cannot help wondering if he has made the right choice. Here, again, in the dreams, as in the casual ruminations of the day before, the underlying disappointment motive is dominant.

March 20. More frustration dreams appear. *Dream No. 1: There is a party in a hotel, to which he is not invited. He tries to cover his chagrin by pretending that he has other plans.*

In association he says a hotel is an "impersonal place." He is apt to feel neglected when in any way left out by friends. At times he has felt hurt because his father seemed more interested in a grandson than in himself.

Dream No. 2: He has failed a course at college and feels badly treated.

In association he states that he actually had such an experience in college and was much upset by it. He stresses the impersonal attitude of college deans. He complains of his own family, who sometimes have seemed moved towards him by a sense of duty rather

than by affection. He is glad that his wife is not like that. Probably he does them an injustice, but "it comes to mind." He quotes a relative who boasts about graduating from the school of hard knocks, which he feels is an implied criticism of himself. He shows marked resentment and uses some vigorous language. He has had his own share of hard knocks, even if he has never lacked financial help. (At another time, in denying a frustration pattern in his reactions, he stated that he never had but two frustrations in his life and did well with both of those.)

At the next hour he again wonders at his outburst of strong feeling on the previous day. He reluctantly admits that he is annoyed with the analysis. It is not giving him what he wants (that is, ostensibly, consciously), clear, concrete reasons for his recent illness, but (actually and unconsciously) satisfaction for childish needs. This annoyance and protest mark the so-called second stage of the analytic situation, that of the negative transference.

March 27. Something comes up which leads to the topic of the transference relation between analyst and subject. He denies vigorously that there is any emotional experience in analysis. A little later, in contrast, he wonders again, as so often before, why he gets so "het up" in the analysis over apparently minor issues. Still later he confesses to feeling "all fagged out" after an analytic hour, just as he used to in college after taking examinations, showing by this statement more emotional stress than he is directly aware of.

April 2. He develops a theme which has appeared

before; namely, neglect by his parents when he was a child. He feels there was a lack of demonstrativeness on their part. His father used little care in choosing presents for him. He used to imagine that he was a foster-child, and that his real parents would appear and give him proper affection. He felt as a child that if he died, the family would be sorry they had not treated him better. On his twenty-first birthday his mother's letter seemed cold. Subsequent to this hour for many weeks he dwelt at intervals upon manifold forms of this theme, showing strong emotion. The foster-child phantasy which he related is a common one among neurotics, who either lack love in childhood or who have demands which no normal parental love can satisfy. One recalls the dream of Miss A. about the high-born boy among the fishermen, which dealt with the same topic.

He was apologetic about bringing up criticism of his parents, even when feeling strongly on the subject, and referred to it as a "dead issue," although obviously it was very much alive. He was correct about its being dead only in so far as the actual parental relation was not so important as the pattern it presented in the analysis and elsewhere. His "language" to express an immediate situation was borrowed from the history of his childhood. Later the whole topic of bad treatment by the family disappeared. Towards the end of the analysis he recalled this period with wonderment. The subject of childhood neglect had come to have little meaning for him. Except for the foster-child phantasy he was unable to recall that he ever had any

important feelings of the sort and was sure that he had no cause for them.

The explanation is that this bitterness over being unloved and neglected as a child was a projection of the transference situation. In this new position he was neglected and unloved. His loud-voiced protest was really against this immediate frustration, largely obscure to him and permitting his complaint to be transferred to matters of the past. The patient finally began to realize something of all this intellectually as well as to experience it emotionally.

April 17. The centre of the patient's dissatisfaction is shifting from the analysis to himself. He expresses himself willing to give up outside interests which compete with the analysis. He is exasperated by his helplessness in managing his part in the treatment. He likes to have control of things, but instead is groping in the dark. He feels, however, that he might do better and blames himself for the slowness of the process.

These signs of guilt in relation to the analysis show healthy transference development. He is guilty of hostility and negativism towards the analyst, as he was in earlier life towards his parents. He is now beginning to realize and feel troubled about his "resistance." It was pointed out to him once more that resistance in analysis is not something bad which must be cast out, but represents, at least in one important component, the vigour and self-assertive tendencies of his personality, misdirected, to be sure, in obstructionism, but healthy in origin and needing simply to be released and transferred to more constructive outlets.

April 19 (the next meeting). He brings in the following dream. *The setting is a dreary scene in the country—the patient and somebody else are on a journey. They see an animal in difficulty and go to it; it is a pig with its legs cut off, walking on the stumps. As they come nearer, they find the animal to be a male with enormous genital organs, from which spurts of semen are flowing. The patient is writing and this sticky substance gets on the paper and prevents his continuing.*

In association he remembers he used the same word "dreary" in describing the analysis yesterday. As a child he always took a cloth pig to bed with him. The sticky fluid reminds him of night emissions and masturbation. The analyst is always writing (taking notes).

Without further ado let us interpret this dream, hardly expecting the reader to follow, in the absence of more elaborate connecting matter. The pig symbolizes the patient in the analysis—that is, the transference situation. He is, on the one hand, submissive, passive, and "castrated"—on the other hand, he is exaggeratedly asserting his masculine virility. Direct sexual symbolism is employed in the latter, and a more indirect type (amputated legs) in the former. Both these relationships are self-created. He seeks submission and protection, but at the same time reacts vigorously against such an attitude by a self-assertion which shows itself negatively in the analysis and is manifested as resistance.

April 20. The patient states that he is willing to accept the analytic significance of yesterday's dream, but it is not clear to him that he is missing things that

he desires from life, unless he is able to grasp the matter objectively. "There must be some subjective reason for my not getting everything out of life, which I have never been aware of." Towards the end of the hour he brings up a dream of last night and admits that he postponed it out of some obscure reluctance. The matter of forgetting dreams has been troubling him for some time. He is sure that if he fixed them in mind more carefully or took notes he could recall them. (This type of dream-forgetting is a common manifestation of resistance.)

Dream: An old school-friend has committed some sort of offence, resulting in legal entanglement. Though not present when the offence occurred, the patient is involved in some way, so that he can neither act as witness nor be on the jury. All this is published on the front page of newspapers. There is a picture of this man and his wife in a garden of Eden scene. The wife is covering her nakedness—the man is in the water to his waist.

The friend's marriage is closely connected with the patient's own, since the two couples spent their honeymoons together. Complete discussion would take us far afield, but clearly this is a guilt dream. In the first part there is used as symbolism a court of law, while in the second there is employed the scriptural legend of the origin of guilt by the sin against God the Father. This dream appears at the time of many other guilt manifestations in the transference.

April 21. Dream: In a bedroom. The patient and his

wife are about to retire. They find an old woman lying on wet newspapers in the bed.

He associates a wet bed with accidents of childhood. (Again may be recalled the sexual dreams of urination.) His grandmother was for a long time a bedridden invalid. Briefly, here may be interpreted conflict on three levels: (1) the infantile—urination, grandmother in marriage bed, infantile sexual strivings; (2) the present life situation—marriage, something (in himself) standing in the way; (3) the analysis—infantile needs versus adult needs in the transference relation.

Therapy uses such dreams as this to bring various conflicts into the field of consciousness. By the process of free association the deeper meaning symbolized by the dream comes up for discussion. The amount of free association made use of in connexion with dreams varies under different conditions. Sometimes it is well to let the patient discover things for himself by this roundabout method. At other times the analyst may make use of his own knowledge to short-cut proceedings and go direct to the hidden significance.

May 2. There are signs of increasing insight. The patient is aware of negative feelings. "If I could get over these, perhaps I could do better." He states that he is ready to admit that "perhaps some phase of life has not yielded me due satisfaction. There is some lack of fulfilment." He says there are undercurrents of criticism towards the analysis, "some hidden antipathy to the process" quite at variance with conscious desire. It is during this hour that he discovers his difficulty with

free association to be due more to distaste than to inability.

May 14. He asks if there is some lack of emotional development in him and, if so, how analysis is going to help overcome it. (It is always a sign of progress when a patient changes from a denial of emotional difficulty to a recognition of it, even when he asks with scepticism what the analysis can do about it. In a successful analysis this question is dropped by the patient later without his notice, as he comes to realize that within himself something actually is being done about it.) He feels he was emotionally repressed as a child. He brings up the sex topic; he was sensitive to that at adolescence and very self-conscious. Vulgar stories disturbed him. In his marriage he was slow in working out a satisfactory sexual intimacy and in harmonizing that element of the love relation with others. (As stated, he had ultimately succeeded in making an apparently good adjustment.) He then recalls an episode occurring about the time of puberty and completely forgotten until the moment. He was present with his mother beside the body of his grandfather. In arranging the clothing she exposed the genitals, and the patient felt it was done on purpose to shock him. In surprise he says: "This cannot possibly have been true."

Associating with the real or fancied memory, he says his mother used to disturb him very much by a certain frankness in sex matters. (This was in contrast with his feeling that he never had any teaching.) To his embarrassment, she had confided certain of her relations with his father. Her general attitude made him look upon

the topic with shame and revulsion. Exposure of the grandfather brings to his mind the Old Testament story of Noah. "It violated everything within me."

It is impossible to go into the wider significance of this material, but it is interesting to illustrate an instance of a return to consciousness of repressed content as resistance diminished, plus a projection of his own distorted view-points on to an experience of the past, which no doubt never occurred in the sense that he recalled.

May 20. The patient is discouraged and critical, hardly knowing whether it is towards himself or the analysis. He says he is aware that things point to a certain lack of satisfaction and to disappointments in his life, but he can get just so far and no further. He is "perfectly willing to admit" that he rebels against things he cannot grasp with his reason. He then adds spiritedly: "I don't mean to submit to myself. There is no reason why I should pose as a paragon of reason. . . . Why do I spend so much time talking about other things than actualities? You [the analyst] say it is what I do and think and not what I ought to that is important to us here." At the end of the hour he says: "It is strange to come in here and 'crab' so much. I certainly did not feel this coming on."

As was stated earlier, on account of his emotional resistance, it would have been quite impossible to give this patient the rational grasp of things he longed for, even if all inner problems were clear enough to be so formulated.

May 22. He apologizes for the "crabbiness" of the

last hour and then proceeds to go on in the same vein with unabated vigour. "I don't like other people to tell me what to do. When it comes to using judgment, I can't use any but my own." He expresses for the first time some sensitiveness to being "neurotic" and requiring treatment; then he adds challengingly: "Let's see you translate all that into some meaning in the analysis." Such meaning did not seem obscure. The attitudes expressed showed a welcome tendency towards independence, analytically as well as otherwise. Even sensitiveness to being ill, in his case, meant a move in a normal direction. He had before been too willing to accept illness.

May 31. Dream: Accompanied by two old ladies, he attends a funeral in a general mid-Victorian setting. Afterwards he is invited to their home in a rooning-house. The room is painted in bright colours in the modern manner, but there is an old-fashioned double bed in it.

He objects to free association in connexion with this dream on the ground that it is silly, but soon proves to himself that the objection is on account of sexual connexions, of which he was unaware. Without going into detail, suffice it to say that matters relating to the Œdipus situation of childhood were brought up in his associations, and it was these underlying connexions that resulted in his reluctance to discuss it.

June 10. He refers to the topic of disappointment and shows signs of extension of consciousness in the analysis. "When I look back on the feelings expressed in regard to neglect by my parents, they do not seem

possible. I have difficulty even in recalling them. . . . I can see that disappointment is continuously expressed in one way or another. I can see also that it is not so much what one talks about as what lies behind it."

June 12. Dream: The father is dead, and the patient is reassuring his sister, who seems to fear that something is not right. There are police rushing about. The patient himself feels no fear.

It is probable that in this dream he is dealing with the theme of separation—that is, of becoming free and independent, from father and analyst, with a lessening of guilt conflict. This meaning is borne out by the turn of the patient's conversation away from the analysis to his own professional life and other outside matters, which are beginning to interest him again.

June 13. Last night he had three definite fear dreams in which by one means or another he was in danger from rough men. These dreams may well represent some reaction to the attempt to break with the analysis. When this is given as a possible interpretation, he says that he realizes he is not willing as yet to give up the analysis, in spite of all he has said to the contrary.

June 26. The patient has shown increasing signs of independence from the analysis, manifested by chagrin at illness, restlessness at a convalescent régime, and new interest in business goals, plus some dream evidence and so on. It seems time to herald the end of the treatment, and the analyst discusses "the beginning of the end." Contrary to his expectations, the response on the patient's part is not a pleasurable one. He later says: "I was surprised, and surprised to be surprised. It is rather

a new idea that the analysis will ever be over." He adds: "The analysis may be filling a need, perhaps supplying a channel for relief of loneliness, but I can't see why, it is so impersonal." He wonders, however, if the analysis has brought up something which he is loath to relinquish, and compares his feelings with those when he first went away to school. He states with some reluctance: "I can't ignore my inability to receive the news with unabated joy." (Previously he had consistently maintained the desire to have the procedure over with as soon as possible.) He has a friend who had an analysis and was quite conscious of changes and said it was the best investment he ever made. The patient wishes to have the same experience. The analyst points out that change of function is what is looked for, with or without conscious grasp of the details of the process. The patient goes on with the subject of loneliness which he has experienced in the past. He says it always appears more evident on retrospect than at the time, whether applied to home, school, business world, or other things. He is sure there was no real ground for it outside himself. He asks himself if this loneliness is again operative in the analysis, and wonders whether, when he looks back on it later, it will parallel these other situations.

The criticism is often heard that in analytical technique the analyst puts all these ideas into the patient's mind by suggestion. In a sense that is true. Such service is what the analyst is there for—the patient needs help in self-understanding. Experience shows, however, that

unless there is basis in the actual psychology of the patient for the explanation given by the analyst, little effect occurs in so far as any real personality change is concerned, and that unless explanations are subordinate to emotional experience in transference, they are largely sterile in result. Unfortunately it is too often true that in so-called analysis the patient is explained to himself on something of a lecture-platform basis, and he is little affected other than by gaining a technical jargon of more than doubtful value. One of Mr. B.'s special manifestations of resistance to analysis was the attempt to intellectualize it. The analyst might have fallen into the trap which the patient was quite unwittingly laying, and endeavoured to outline in detail the mental mechanisms involved in his neurosis, and their derivation in historical experience. The patient would then have been able more and more to externalize the proceeding and therefore avoid it as a living issue which should induce a development made anything but pleasant to him by the "growing pains" which accompanied it. This particular manner of resistance is characteristic of the "objective-minded" and "thinking" type of people in contrast to the more introspective, imaginative, and "intuitive." Therefore, in the technique of Mr. B.'s analysis it seemed especially desirable to avoid any but very simple and general intellectual formulations and to concentrate on the dynamics of the transference.

June 27. He narrates the following dream:

The patient has a very large penis, from which an enormous ejaculation occurs. He feels very proud of this performance and goes to call his wife, to show her

his prowess. When they return, all signs have disappeared.

As an afterthought in association he supplements the dream in this way:

As the ejaculation occurred, he witnessed butterflies mating. He was amused (in the dream) as though at some attempt to idealize sexuality for children, by explanation of the behaviour of plants and animals.

There was sexual sensation in the dream, but no actual emission. The patient comments on the childish manifestations of interest which were displayed. The whole thing seemed to him something of an anticlimax. He recalls the pig dream, with a somewhat similar content.

As usual, many elements and meanings come into this dream. Yesterday the analyst asked if there had been any more urination dreams. This may have been, in a way, an answer to that query, as well as to the reluctance to leave the analysis. In other words, there is self-assertion in a more normal heterosexual relation—that is, a dream of emission rather than of urination. At the same time childish features are present—pride in his product, the butterfly incident, and so on. The latter probably illustrates an attempt for him to idealize sex to himself as is done to children by grown people.

The novice analyst must often unlearn the belief that analysis is a fixed technique to be applied to all people in the same way. Analyses vary enormously according to the patient, the analyst, and the special combination of the two. There are, however, sufficiently

standardized reactions of one sort or another so that an experienced analyst always finds similarities enough to make him feel at home. Subjects differ very much in the way they handle dream material. Some begin soon to interpret their own dreams. So long as that is done through the medium of free association and other aids, the practice may be wholly profitable. There is always danger, however, of its taking on the character of a game, with immediate ingenious translation of dream symbols in the manner of "wise men" of old. If this tendency develops, it is sometimes best to drop dream-study altogether for a time and carry on the analysis with other material, as must be done where there are no dreams. Another group of patients never see anything in a dream except meaningless absurdity and are each time astonished anew when their own interpretations, plus the analyst's contributions, bring out an underlying significance which is convincing. Mr. B. was of the latter type. His literal-mindedness and rational habit of thinking thwarted any direct translation of dream language on his own part.

July 3. He narrates three dreams, occurring the night before, in which his mother appeared. This is the first time that her figure has come into his dreams, in each one of which there is some difficulty undergone. In the first there is a question about taking the right train. In the second a distressing misunderstanding occurs at his leave-taking without saying good-bye. The third is more dramatic, as follows:

Dream: The patient is in a stately drawing-room with

his mother. Suddenly a man on horseback rides in through the window. The patient feels no fear, but turns protectively to his mother to get her from the room before anything disagreeable takes place.

In association the room reminds him of Versailles. There were many mirrors, as in the hall where the Peace Treaty was signed. The atmosphere was "quiet, refined, and pleasing." The interruption seemed an "intrusion." He describes his strange feeling about horses. Fear of them is joined with a secret desire to be a skilful horseman. He feels he was "conditioned to fear" by being put on his father's spirited horse when he was a small boy. The father's horse was the same colour as the one in the dream. As a child he can remember being jealous of his father. He felt that he was an "intruder." "Perhaps the man in the dream was my father." He had stated before narrating these dreams that they were absurd and had no meaning to him. This was the first time the topic of jealousy of his father had come up.

This dream gives opportunity for free rein in interpretation. The rough father interrupts a quiet scene of peace and security with the mother. Something similar had come up in his childhood and made him jealous of his father. The analyst also interferes with security and peace, which the patient tries to get from the analysis. Again, the "man on horseback" is a figure of speech for strength and vigour. The patient's own stronger self protests at the peace-loving features of his make-up. The horse and breaking into a room are well-known sexual symbols in dreams. There is a repressed sexual

"castration" danger from the father, in a childhood Œdipus setting. If one chooses to give fancy wings and follow the libido back to its deepest lair, there may be seen in this dream pre-conceptional bliss and security rudely interrupted by the father!

But let it not be forgotten that in therapeutic analysis the meaning of dreams is chiefly interesting in the way they reveal what is going on in the patient's unconscious mind, especially in relation to transference, and how this information may be used in the service of therapy. In this dream, at least, there is no fear on the dreamer's part. Although disturbing events are occurring, he shows resource in meeting them. This theme of increasing capacity and self-assertiveness is the most valuable one to emphasize to the patient, while, of all the levels of meaning, the analytic one is the most immediately useful. The analyst has talked to the patient somewhat as outlined above. The patient listens quietly and then comments: "Why am I not more enthusiastic about leaving the analysis? When I once get accustomed to a routine, I dislike change in general. It always makes me home-sick. I feel home-sick about the analysis. It must be that it furnishes some sort of satisfaction."

July 10. There is present a general attitude of "rationalized" protest. He is troubled about being unable to grasp in any specific way what the analysis is showing him. He admits, however, that his early desire to know the definite cause of his depression was probably motivated otherwise than he believed at the time.

He is getting "fed up" on this frustration. "If one desires the moon, one had better accept the fact that one cannot have it, and give it up." If anyone should ask him whether analysis was a benefit, he would be at a loss how to answer it. If he is maladjusted, he finds it difficult to see that he has changed at all, or, if so, how he has changed. Then, as on so many recent occasions, he shifts his conversation to the topic of his business and professional life. He is not satisfied with his attitude towards it. He feels it concerns him too little; there is a lack of definite aim, and so on. This conversation again shows a desirable shifting of interest from the subjective to the objective, from the analysis to the external world of affairs. It is to this outside world that adjustment must be made, and from it, in great part, satisfaction must be gained.

During the next few days the patient brings in several progressive dreams which are connected in some way with his marriage. In one he climbs from a dilapidated house (perhaps his old life and old self) up a tower and comes out into a beautiful country scene (new life and new self). There is a feeling of surprise and satisfaction. *Surprise* reminds him of his feeling of surprise at falling in love. The country scene recalls to him the favourite haunts of his youth, some of which were visited on his honeymoon.

July 24. He "admits" that he likes security, perhaps more than can be had in real life. He feels he grasps this on a conscious level, but is confused as to its unconscious significance. He states with vigour that he

is going to rely less on other people in his business relationships. (More displacement from analysis to business: that is, he is going to get on without the analysis.) He says he realizes that this dependence reaches out to wider fields than those of business, and wonders if his desire for support in the religious field has any such basis. "I do not wish to have to pay any more attention to these things than to other phases of my automatic life."

July 27. He talks more about his religious feeling and thinks he gave a wrong impression at the last hour. He formerly made a god of the intellectual, but when he fell in love, it was akin to a religious experience. He seemed aware of forces outside himself, which carried him on. In his depression there was a curious feeling of desertion by all this power. He lost that new-found sense of spiritual values which he had experienced as "new birth." "The point I am leading up to is: Why not trust the powers outside? Don't I try too much to carry on, on my own hook?"

The significance of this material in relation to the religious life in general is of much interest. Just now, however, we are concerned with its analytical meaning. In that connexion his ponderings show an increasing willingness and capacity to trust in the universe and things as they are—that is, to accept reality without vain striving for something else. Later on, after some generalized complaint at analysis and life in general, he says: "Things have cropped up as disturbing ideas in the analysis that I have not known about before, and

then have vanished again. Looked at in retrospect, they seem of no importance. By the same token I may grow out of this present 'belly-aching.' At the time, all these things are real and vital."

July 28. Dream: A farm-house in the country with a new grave near it. The grave seems to be that of his great-grandmother. An aunt is present and remarks that on the gravestone is no mention of the grandson who had killed her. "Even so," the patient answered, "it is pretty good for the money."

In association he says his mother's grave, by her own request, is near their summer place in the country. The aunt was in many ways closely associated with the mother, who was her namesake. Yesterday he read some old letters from his mother to this aunt. He thinks "pretty good for the money" may refer to the analysis. There was no sadness or fear in the dream.

The analytical significance may be fairly presented as follows. Something of the patient's life has been recently left behind (new-made grave), call it what you will, (mother—analyst—own outgrown self). He is in a sense responsible, but at the same time is without guilt. The analysis is useful, even if all the detail (name on the stone) is not worked out. Later on in the hour the patient said, relative to his disinclination to let his thoughts run on in free association: "It is increasingly distasteful to consider my own self instead of outside things. I should like to be a different man and accept things. It is difficult, still, to let the past be a dead issue.

How do I know that from now on I am more 'unified' than prior to my depression?"

August 3. Yesterday it was agreed to discontinue the analysis on a definite date, three weeks in advance. The patient to-day shows signs of a mild but definite depression. He compares his feelings with those of his former mental illness and wonders if he is headed in the same direction. He remarks that he sees clearly that he is finding disillusionment in the analysis as in everything else. He feels critical and is ready to blame the analysis for his present lack of enthusiasm in life. He feels disagreeable and "exactly as when I used to go home on vacations and be annoyed at my father's foibles."

August 8. The patient's whole attitude is improved. There is less protest and more general acceptance. He admits he has been "generally disgruntled" during the past week and could easily have told the analyst what he thought of him. He also felt much the same way towards other people. Lately he has been busy and has thought less of himself. "I don't see why I should think of the analysis so much of the time. That will not get me anywhere." He refers casually to a dream, which seems quite significant, but to which, as usual, he attaches no special meaning.

Dream: The patient and his wife are in a small foreign village. People are about in native costume. There is a wedding procession going from a house to a church. Preceding the bride and groom is carried a large double bed and following that is a cradle. The patient's feel-

ings in the dream were "more happy than usual." "All seemed bright, cheerful, delightful, naïve, and in good taste."

The dream remained in memory most vividly. He connects the scene with his own marriage. He says: "I don't know if it does any good to go over that," referring to his early difficulty in harmonizing the physical and spiritual phases of love. This dream is symbolic of his increasing acceptance of things as they are, presented in terms of marriage, but far more general in meaning. He says towards the close of the hour: "I don't feel half so clever as I did. What I say now seems pretty ordinary lingo. Perhaps I tried to put a bold front on, in analysis. . . . I recognize clearly that intellectual efforts are powerless before the emotional."

August 11. There has been more depression during the last two days, and this exasperates him. He is willing to admit that it is more the result of the analysis than anything else. He says he has lost interest in causes and "I am like unintelligent patients in general who don't care what is done, so long as they feel better. . . . Last year I seemed to have abundant reason for depression, but now there is little I can put my finger on." The dropping of the search for intellectual formulations shown by these remarks indicates a more healthy attitude. It is a *becoming* rather than a knowing with which he is now concerned.

August 13. The patient is more cheerful, tends to minimize the analysis, and says that to-day he has noth-

ing to talk about. With reference to his profession, he states that now for the first time in his life he does not know what he wants, and has no plans. He adds: "This seems reminiscent of the talk all through the analysis." Later he relates a dream and admits that he tried to forget it. "It seems as though I could not be bothered with it."

Dream: He is flying in an aeroplane. With a crash it falls to the ground. Uninjured, he searches in the wreckage for his brother-in-law, whom he cannot find.

In association he says there is present the same old theme of futile search. His brother-in-law is an ineffective type of person. To the patient, the outstanding thing in the dream is that he felt more puzzled than frightened. An aeroplane, he says, is the last word of technical procedure, and so, also, is the analysis. He states at the end of the hour that, in marked contrast to the beginning, he is "cram-full" of things he would like to say.

August 21 (the last hour of the analysis). The patient is subdued and chastened in mood, in contrast to his earlier confidence and air of superiority. He "cannot deny" that he is depressed. He does not know how much he is disappointed at not finding the exact cause of his previous depression. In retrospect he cannot understand why he has been so upset over various topics in the analysis. He will be glad to have done with dreams and interpretations. In response to the physician's inquiry, with seeming reluctance, he relates two dreams of the preceding night.

Dream No. 1: He is in a submarine with somebody else. His father appears, and he tries to point out the good features of the position to him. The father's attitude is non-committal. The patient tries to say how nice things are, but really feels the opposite.

Dream No. 2: He has been left in a house where he must care for a little child during the night. He is concerned to keep it from falling into the toilet. There is more curiosity than fear on his part.

There is much interesting symbolism of his underlying attitude towards "graduation" from the analysis in both these dreams. In the first, there is clearly an ambivalent attitude towards a new situation in which he finds himself. In the second, there is a responsibility and a danger. The child signifies, perhaps, his own new life; the toilet hazard represents regressive tendencies still within him. (Compare with the sexual dreams of the small boy urinating.) At the end of the hour the patient states that, in spite of his attempts to minimize the analysis, there is reluctance to give it up. All his assurance that he was more interested in other things was partly a cover. "This was not obvious to me till now, or I should have spoken of it before." He adds, relative to the end of the analysis: "In learning to swim, you have to be pushed off."

Later History

The patient's depression continued for a period of a few weeks and then gradually disappeared, coincident with a swing of interest to outside things. The wife

stated that the symptoms were similar to his previous, more severe experience, in its earlier manifestations.

The analysis occurred several years prior to this narration. There are now children in the family. Mr. B. has seemed to make satisfactory adjustment in all fields, and there have been no further depressions of any importance. However, this subsequent history has little bearing on the matter of the analysis. Although serious depressions tend to recur, they do not necessarily do so, and at least many years may intervene. It is clear that Mr. B. had made much spontaneous progress in psychological development during the period just before the analysis. It is possible that this might have sufficed without any technical aid from psychotherapy. Therefore in this second case, as in the first, one must rest content that the story of the analysis shows that there occurred during the period definite psychological growth which can be fairly attributed to the procedure itself.

Glossary

Libido:

"The dynamic expression of the sexual instinct or the energy of that instinct which deals with all that is included in the word 'love.' It comprises not only sexual love but self-love, love for parents and children, friendship, love for humanity in general as well as attachments to concrete objects and abstract ideas."

Repression:

"The rejection from consciousness by the ego of perceptions and ideas because of their painful and disagreeable content. The rejected material becomes submerged into the unconscious but remains dynamic."

The Unconscious:

"A postulated region of the psyche, the repository of repressed concepts which are of the nature of urges or wishes; e.c., invested with energy. The content is not accessible to memory but can be investigated by the method of psychoanalysis."

Regression:

"The act of a backward coursing of the libido to an early fixation because the individual is unable to function at a higher level."

Conflict:
"A painful state of consciousness resulting from inability to renounce one course of satisfaction in order to gain another."

Displacement:
"The mechanism by which an emotion appropriate to one group of ideas becomes attached to a logically inappropriate idea, but quite appropriate as seen in the unconscious."

Symbol:
"(1) That which stands in the place of, or represents, something else. (2) A visible representation of a quality or an idea. In psychoanalysis, an unconscious substitute permitting libido to flow into an object not consciously logically connected with a sexual activity."

Affect:
"The feeling experienced in connexion with an emotion."

Œdipus complex:
"The normal family situation in early childhood wherein a little child feels hostile towards the parent of the same sex because it considers that parent is a rival for the affections of the parent of the opposite sex. This feeling of hostility usually disappears from consciousness after the first period of childhood but continues to play a large role in the lives of all people, especially neurotics and psychopathic individuals."

Transference Situation:
"The emotional situation which develops between patient and physician; during the course of psychoanalysis, wherein the patient transfers now affection and again hostile feelings to the analyst which are based on

transient unconscious identifications and have no relation to reality."

The Ego:

"That part of the id [the unconscious] which has been modified by the direct influence of the external world through the senses, which has become imbued with consciousness and whose function is the testing of reality."

Super-ego:

"That part of the mental apparatus which criticizes the ego and causes pain to it whenever it tends to accept impulses emanating from the id [the unconscious]. It is a sort of inner monitor synonymous with conscience."

Narcissism:

"Love of self. An early stage of psychosexual development in which the erotic impulses are already coordinated and the adored object is yet the individual himself."

The Id:

"The impersonality of the psyche apart from its ego; the true unconscious. It is dominated by the pleasure principle and blind impulsive wishing."

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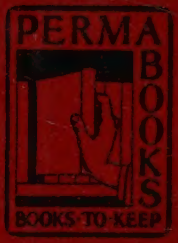

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